

EMERGENCY MEDICAL SERVICES AUTHORITY

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October 4, 2019

Ms. Kristin Weivoda, EMS Administrator
Yolo County EMS Agency
137 North Cottonwood Street, Suite 2601
Woodland, CA 95695

Dear Ms. Weivoda:

This letter is in response to Yolo County's 2018 EMS Plan submission to the EMS Authority on June 5, 2019.

I. Introduction and Summary:

The EMS Authority has concluded its review of Yolo County's 2018 EMS Plan and is approving the plan as submitted.

II. History and Background:

Yolo County received its last plan approval for its 2011 plan submission.

Historically, we have received EMS Plan submissions from Yolo County for the following years:

- 2014-2017

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Yolo County's 2018 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable laws, regulations, case law, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Approved | Not
Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

Based on the documentation provided, please find enclosed the EMS Authority's determination of the exclusivity of Yolo County's ambulance zones.

- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, Yolo County's 2018 EMS Plan is approved.

Pursuant to HSC § 1797.105(b):

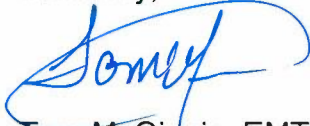
"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

Ms. Kristin Weivoda, EMS Administrator
October 4, 2019
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V. Next Steps:

Yolo County's next EMS Plan will be due on or before October 31, 2020. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

Approved

ZONE		EXCLUSIVITY		TYPE			LEVEL				
Yolo County		Non-Exclusive	Method to Achieve Exclusivity	X	Competitive Process	X	Emergency Ambulance				
		Exclusive					ALS				
							LALS				
							All Emergency Ambulance Services				
	X				9-1-1 Emergency Response						
	X				7-digit Emergency Response						
	X				ALS Ambulance						
	X				All CCT Ambulance Services						
	X				ALS IFT						
					Standby Service with Transport Authorization						

YOLO COUNTY EMS AGENCY

Emergency Medical Services System Plan

2018 Annual Report



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EXECUTIVE SUMMARY

This plan represents the sixth (6) annual update of the Yolo County Emergency Medical Services (EMS) Agency since receiving approval of our initial EMS Plan in 2013. The agency's primary responsibility is to plan, implement, and evaluate an emergency medical services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic areas served by the EMS agency. These plans must be consistent with the state standards and address the following components:

- System organization and management
- Staffing and training
- Communications
- Response and transport
- Facilities and critical care
- Data collection and evaluation
- Public information and education (PIE)
- Disaster Response

The Yolo County EMS system continues to provide well-coordinated response services throughout Yolo County. We continue to have a high performing ambulance franchise which is focused on meeting the needs of the community, patients, and the system. The EMS system includes two hospitals that are providing high levels of care to patients in both our rural and urban areas of the county. The local care includes primary stroke designations delivered at Sutter Davis Hospital and Woodland Memorial Hospital.

Yolo County completed a contract extension with our Exclusive Operating Area Ambulance Provider, American Medical Response, in February 2019. This contract extension will allow for the high performing ambulance transport system to continue providing services in Yolo County until February 2024.

The Yolo County EMS System has continued to work towards meeting the minimum standards and recommend guidelines as provided in the EMS System Assessment Forms. Improvements or significant changes have been made in the following areas:

- Specialty Care Plans (Stroke)
- Maintaining ALS service capability throughout the region
- Revising and updating the EMT and Paramedic Protocols
- Continued development of regional trauma care system

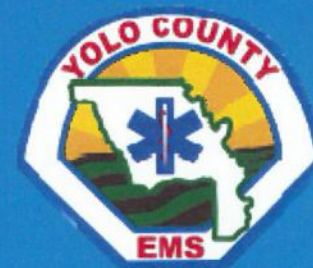
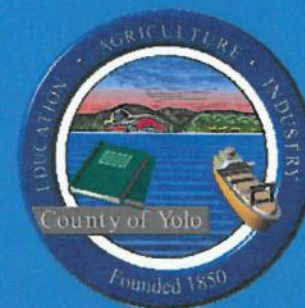
The 121 Minimum Standards and Recommended Guidelines which the Local EMS Agency must address in their EMS plans. Minimum Standards are those which should be met by each Local

EMS Agency. Recommended Guidelines are those which each EMS system should strive to meet whenever possible. The Yolo County EMS Agency meets all the Minimum Standards and most of the Recommended Guidelines. However, even though the local EMS system may meet particular Minimum Standard or Recommended Guidelines, the EMS Agency recognizes that there is always room for improvement within the system.

The objectives listed in the EMS System Plan will be used to guide the Yolo County EMS Agency in monitoring and improving the EMS system over the next year.

YOLO COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY

5 YEAR UPDATE



HISTORY - YOLO COUNTY EMS

- **December 2012** withdrew from Sierra Sacramento Valley EMS Agency to create Yolo County EMS Agency
- **February 2013** developed an RFP for 9-1-1 Ambulance - Exclusive Operating Area
- **July 2013** Yolo County EMS Agency started Operations
- **February 2014** EOA Contract Awarded to American Medical Response (AMR)

EMS VOLUME

Responded to 100,497 Calls for Service during 5-year contract term

Zone	Volume	Median Response Time
High	87,378	04:55
Moderate	5,936	10:02
Moderate Low	1,091	16:30
Low	378	16:30
Interfacility Transport Advance Life Support (IFT ALS)	4,191	16:06
Interfacililty Transport Critical Care Transport (IFT CCT)	1,523	32:53

EMS VOLUME

Overall System Compliance 95%

Zone	Response Time Requirement	Compliance Percentage
High	8:00	95%
Moderate	15:00	95%
Moderate Low	20:00	92%
Low	30:00	97%
IFT ALS	30:00	92%
IFT CCT	45:00	88%

HEALTH OUTCOMES

- Chest Pain Recognition of Care, **Awarded American Heart Association Mission: Lifeline® Recognition**
 - 2016 - Silver
 - 2017 - Gold
 - 2018 – Gold
- Cardiac Arrest Survival Rates **Improved 47%** (National Avg. 21%)
- Stroke System of Care **Improved** (average door to CT time) **20 min.** (National 25 min.)
- Trauma System of Care **improved** our on-scene time from **23 min.** to **9 min.** (State Avg. 24 min./National 15 min.)

HEALTH OUTCOMES

Cardiac Arrest Field Save Award Ceremony - Winters



HEALTH SYSTEM

- Four (4) multi-agency functional Mass Causality Exercises
 - One (1) multi-agency (law, fire, ems, dispatch) active shooter exercises
- Yolo County EMS Symposium
 - April 2018 – Trauma Patient Care
 - April 2019 - Vascular Emergencies
- Developed treatment protocols for first responders, EMTs & Paramedics based on best practice guidelines and research

SYSTEM ENHANCEMENT

- **FirstWatch:** Live, raw data, into live actionable information to improve operations, performance, clinical measures, and crucial events
- **ReddiNet:** Online hospital capacity, patient tracking, and family reunification
- **Cardiac Arrest Registry to Enhance Survival:** National database to track and compare outcome data
- **PulsePoint:** 16,786 downloaded in Yolo County and 9,336 signed up to receive CPR alerts

WHERE WE ARE GOING?

By our increased collaboration and partnerships we will create an integrative approach to a dynamic and cost effective Healthcare Delivery System by:

Diversifying our approach to what an EMS System is.

ASSESSMENT OF SYSTEM

SUMMARY OF SYSTEM STATUS

This section provides a summary of how the Yolo County EMS system meets the State of California's EMS Systems Standards and Guidelines. An "X" placed in the first column indicates the current system does not meet the State's minimum standards. An "X" placed in the second or third column indicates that the system meets either the minimum standard or recommended guidelines. An "X" is placed in one (1) of the last two (2) columns to indicate the time frame the agency has established for either meeting the standard or revising the current status. A complete narrative description of each standard, along with the objective for establishing compliance, is included in the System Needs and Plan Objectives Section of this plan.

SYSTEM ORGANIZATION AND MANAGEMENT

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

SYSTEM ORGANIZATION AND MANAGEMENT

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			

System Organization and Management (continued)

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X	X	X
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X			X
1.21 Determination of Death		X			X
1.22 Reporting of Abuse		X			X
1.23 Interfacility Transfer		X		X	X
Enhanced Level: Advanced Life Support:					
1.24 ALS Systems		X	X	X	X
1.25 On-Line Medical Direction		X	X	X	X
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X		X	X
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			X
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			X

STAFFING/TRAINING

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Local EMS Agency:					
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training		X			
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

COMMUNICATIONS

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Communications Equipment:						
3.01	Communication Plan*		X			
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

RESPONSE/TRANSPORTATION

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	X		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X			
4.13	Intercountry Response*		X	X		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

FACILITIES/CRITICAL CARE

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

DATA COLLECTION/SYSTEM EVALUATION

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:					
6.01 QA/QI Program		X			
6.02 Pre-hospital Records		X			
6.03 Pre-hospital Care Audits		X			
6.04 Medical Dispatch		X			
6.05 Data Management System*		X			
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X			
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

PUBLIC INFORMATION AND EDUCATION

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

DISASTER MEDICAL RESPONSE

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short- Range Plan	Long-Range Plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Pre-hospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

SYSTEM NEEDS AND PLAN OBJECTIVES

This section of the EMS Plan lists each standard included in the State of California's EMS Systems Standards and Guidelines and describes the:

- Current status of the Yolo County EMSA system as it relates to the individual standard
- Efforts to coordinate resources and services with other LEMSA's as required by the California EMSA
- Future needs of the Yolo County EMS system as it relates to the individual standard
- Objectives for meeting the minimum standard, upgrading towards the recommended guidelines, or improving the efficiency or effectiveness of the EMS system
- Assignment of each objective to the annual work plan, long range plan, or both

The needs and objectives of the EMS Plan are designed to address the EMS Systems Standard and Guidelines. Most of the objectives are written as general statements such as objective 1.01, which states: "Develop secure funding sources to adequately finance agency operations and personnel requirements." Many of these objectives may need to be refined when they are included in the annual work plan, transportation plan, or trauma plan.

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

Each local EMS Agency shall have formal organization structure, which includes both agency staff and non-agency resources, and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Oversight of the EMS Agency is provided by the Yolo County Department of Health and Human Services Director and the EMS Administrator. The agency staff is comprised of a contractual Medical Director who is Board Certified in Emergency Medicine, a 1.0 FTE EMS Administrator, 1.0 Full Time (FTE) EMS Coordinator, two (2) 0.5 FTE EMS Specialist II, and one 1.0 FTE EMS Specialist I. Other non-agency resources include a base hospital medical director, a base hospital nurse liaison, provider QI coordinators, and provider training coordinators.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To identify staffing, review, and modify job descriptions and employee classifications to keep with the mission and goals of this agency and plan.

OBJECTIVE:

Develop, secure, and sustain funding sources to adequately finance the agency operations and personnel requirements to effectively manage and have oversight of the EMS System.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS Agency shall plan, implement, and evaluate the EMS System. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Yolo County EMS system recognizes the benefits to patient care concerning the regionalization of specialty services. The agency continues to participate in many regional programs with neighboring LEMSAs. Yolo County EMS has developed, and continues to develop, specialized sub-committees to evaluate the system and areas for improvement. The continuing evaluation of the system is being accomplished through the writing of the Yolo County EMS Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Sacramento, Solano, Napa, Sierra Sacramento Valley, and other LEMSAs.

NEED(S):

Ensure continued evaluation of system performance against established benchmarks. Maintain a system wide CQI plan and process. Develop quality reports based both on electronic data collection and other stakeholder data sources.

OBJECTIVE:

Use the long standing Emergency Medical Care Committee (EMCC), providers, the County CQI Committee, Physician Advisory Committee (PAC), and other review bodies to identify needed system changes. Implement sub-committee and other specified groups as needed to address gaps or needs within the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS Agency shall have a mechanism (including EMCC and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County has a functioning Emergency Medical Care Committee (EMCC) that reviews local operations, policies, and practices. Agency staff meet with system stakeholders on a bi-monthly basis to review and discuss issues affecting the EMS system. All meetings of the respective Board of Supervisors (BOS) and County EMCC are open to the public with time allocated on each agenda for public comment(s). Additionally, impacted groups are routinely notified and provided with an opportunity to provide input in advance of issues being brought before the respective groups. All policies and treatment guidelines are submitted to all stakeholders on a bi-annual basis for public comment draft periods. The agency solicits changes and input from all interested parties.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that appropriate consumer and healthcare provider input is obtained regarding the development of plans, policies, and procedures.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's advisory committees to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS Agency shall appoint a medical director who is a licensed physician and who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS Agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers, (including nurses and pre-hospital providers) and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: *meets minimum standard*

The agency medical director possesses Board Certification in Emergency Medicine.

The Medical Director attends the Physician Advisory Committee (PAC), EMCC, CQI Meetings and any other clinical project groups. The Medical Director communicates regularly and meets with stakeholders.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure Medical Direction of the EMS System.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS Agency shall develop an EMS System Plan, based on community needs and utilization of appropriate resources, and shall submit it to the EMS Authority.

This plan shall:

- Assess how the current system meets guidelines
- Identify system needs for patients within each of the targeted clinical categories (as identified in Section II)
- Provide a methodology and time-line for meeting these needs

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Completion of this annual plan update fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources. Meet the identified and prioritized standards contained within this plan.

OBJECTIVE:

Monitor and amend the EMS system plan, as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS Agency shall develop an EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Completion of an annual plan update fulfills the requirement of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Annually evaluate the EMS System Plan to determine progress in meeting the EMS plan objectives and system changes.

OBJECTIVE:

Submit an annual update of the EMS System Plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

Each local EMS Agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: *meets minimum standard*

In 2015 the Yolo County EMS Agency set up a committee of key stakeholders which included: local fire agencies, in-county hospitals, out-of-county trauma receiving centers, Sacramento County EMS Agency, local law enforcement, and CHP to develop the Yolo County MCI Plan. In 2016 the final draft of the MCI Plan was completed, and a time table was developed to test the plan. We have conducted two (2) functional full scale MCI exercises, and one (1) table top exercise.

The LEMSA staff integrates the trauma data into our CQI process and reports out yearly at the Trauma CQI committee.

Out of County trauma designation: University of California Davis, Medical Center (Level I); and Kaiser Foundation Hospital, Vacaville (Level II).

COORDINATION WITH OTHER EMS AGENCIES:

The demographics and geography of Yolo County requires all specialty care planning to be done with adjoining LEMSA systems.

NEED(S):

Ensure the availability of trauma services for critically injured patients by written agreements with adjoining counties trauma designations.

OBJECTIVE:

Continue refining the trauma care system. Integrate FirstPass data system into our trauma system data collection and CQI process.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS Agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Advanced Life Support (ALS) ambulances are the standard for emergency 9-1-1 medical request in the county.

COORDINATION WITH OTHER EMS AGENCIES:

Mutual aid agreements have been established with Sacramento and Solano County for certain portions of Yolo County responses.

NEED(S):

Ensure the optimal provision of ALS services throughout the EMS system.

OBJECTIVE:

Continue refining and monitoring the provision of the ALS Exclusive Operating Area (EOA) system and make changes as necessary to ensure delivery of the optimal level of service available.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS Agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

YEMSA continues to coordinate the Medical Health Operational Area Coordinator (MHOAC) roles and responsibilities.

OBJECTIVE:

Periodically update the resource directories included in this plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.10 SPECIAL POPULATION

MINIMUM STANDARDS:

Each local EMS Agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers)

CURRENT STATUS: *meets minimum standard*

Identification of special population groups has begun. YEMSA has started to identify users of the EMS system by population groups and services provided. This information will be used for planning, policy development, and provisional services. Feedback will be provided by EMCC for better target identification of groups and needs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue the process of identifying population groups served by the EMS system that may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system.

OBJECTIVE:

Identify population groups, other than pediatrics, who are served by the EMS system and require specialized services. Work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform to their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: *meets minimum standard*

The roles and responsibilities are clearly stated in contractual agreements between the hospitals, other providers, and Yolo County EMS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify the optimal roles and responsibilities of all system participants based on comparative EMS system models and public input. Ensure that system participants conform to assigned EMS system roles and responsibilities. Identify funding system for development, monitoring, and QI of the system.

OBJECTIVE:

Continue the identification of the optimal roles and responsibilities of EMS system participants. Continue developing mechanisms, such as agreements, facility designations and exclusive operation area to ensure compliance. Yolo County is updating the County ordinance, LEMSA policies and provider agreements in support of this objective.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system compliance.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Response time standards are in place with the EOA. The Yolo County EMCC continues to evaluate response, care, and transport, and to identify system problems and seek solutions. FirstWatch is being implemented by the County EMS Agency to monitor system compliance and contractual EOA compliance. FirstWatch will also be used to ensure transparency between the EMS Agency and all local agencies/departments regarding system status/compliance. The Yolo County Physician Advisory Committee (PAC), comprised of local and regional physicians, monitors and reviews system operations with a focus on CQI, and policy and procedure review. The Continuous Quality Improvement Committee (CQI) is comprised of representatives of all system participants, and focuses on QI and policy and procedure review.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Work with (Emergency Medical Services Administrator's Association of California (EMSAAC) and the State EMSA to develop standard statewide indicators for EMS system evaluation. Continue to refine the county wide QI activities. Identify sustain funding to support review and system monitoring.

OBJECTIVE:

Implement structural indicators and compliance mechanisms with CQI program by implementing FirstPass in 19/20. Modify the process of reviewing and monitoring of the EMS system, as needed, to include a more active role in the PAC which is overseen by the EMCC.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

EMS system operations are coordinated through written agreements with providers, facilities, and counties. Active coordination is achieved by committee involvement around policy and procedure development and coordination with provider agencies and facilities. YEMSA has implemented the Region IV trauma transfer protocol. The EMS Agency actively participates in boarding counties committees and meetings.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure coordinated system operations and identify funding to support coordination.

OBJECTIVE:

Evaluate the EMS system operations and make changes as need to ensure optimal performance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS: *meets minimum standard*

A Yolo County EMS Agency policy and procedure manual has been developed and distributed on the website and in application download for smart devices. The app can be download for free on an iOS or Android platform. Our Physician Advisory Committee and Continuous Quality Improvement committees meet quarterly to discuss policy and protocol revision, and to allow for stakeholder input. Policy and procedural updates happen bi-annually have been changed to August and February.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of a policy and procedure manual for system providers. Continue posting EMS policies on the agency web site and on the app.

OBJECTIVE:

Monitor the process of policy and procedure manual availability and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations, and quality improvement programs have been established as a mechanism to review, monitor, and enforce compliance with system policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies through implementation of written agreements, QI program and PAC.

OBJECTIVE:

Continue to implement compliance mechanisms such as written agreements, QI program for Base Hospitals, ALS Providers, BLS First Responders, Emergency Medical Dispatch (EMD) Centers and Continuing Education (CE) Providers. Evaluate and improve compliance with the system policies. Updating County Ordinance to support.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year)

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Service Fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS Agency has established a fee schedule approved by the Board of Supervisors. Fees include Personnel Certification and Accreditation, Receiving and Base Hospitals, EMS Air Ambulance, and Specialty Care which including: Trauma, Stroke and STEMI designation. Yolo County EMS Agency also receives a franchise fee from the EOA provider.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

OBJECTIVE:

Maintain existing funding sources and continue to seek alternative or new funding sources. Continue to work with the Emergency Medical Services Administrators of California (EMSAAC), the Emergency Medical Services Medical Directors Association of California (EMDAC) and the State MESA to main federal, state and local funding of the EMS system. Continue to investigate ways for the Yolo County EMS agency and system to function more cost effectively.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Currently there are two (2) hospitals in the EMS system, one (1) of which has been designated as a Base Hospital. At any time, the Yolo County EMS Agency would be supportive of adding additional in-county base hospitals, but currently there is no interest or desire from the hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain the current system of a single Base Hospital and identify possible Alternate Base Hospitals for medical control in case of a disaster.

OBJECTIVE:

Update Base Hospital policies and maintain Base Hospital agreements as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS Agency shall establish a QA/QI program. This may include use of provider-based programs that are approved by the local EMS Agency and coordinated with other system participants.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS: *meets minimum standard*

There is a local CQI process in place. Local QI representatives include: agency staff, provider QI coordinators, hospital QI coordinators, EMS educators, and medical directors. The county EMCC continues to evaluate response, care, and transport issues, as well as identify system problems and seek solutions.

Yolo County EMS Agency has revised its QI plan in 2018 and received the State EMSA approval in May 2018.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the QA/QI process continues to meet system needs and State standards.

OBJECTIVE:

Continue efforts to refine the formal CQI program including specific clinical indicators and outcome measures. Continue to monitor the performance of the system and amend the QA/QI program and/or processes to meet system needs. Yolo County EMS Agency will be implementing FirstPass in 19/20 and will build the program into its QI system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS Agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- Triage
- Treatment
- Medical dispatch protocols
- Transport
- On-scene treatment times
- Transfer of emergency patients
- Standing orders
- Base hospital contact
- On-scene physicians and other medical personnel
- Local scope of practice for pre-hospital personnel

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post-dispatch instructions.

CURRENT STATUS: *meets minimum standard*

Updated all ALS and BLS protocol format. Policies, updated include: medical dispatch, transport, on-scene times, transfer of emergency patients, on-scene physicians and other medical personnel on scene, and local scope of practice. One (1) of the county's EMS dispatch centers provides both pre-arrival and post-dispatch instructions utilizing Medical Priority Dispatch System protocols. The other dispatch center in the county transfers the call to receive both pre-arrival and post-dispatch instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue development and revision of policies to meet state minimum standards and recommend guidelines.

OBJECTIVE:

Continue the review and revision of policies, BLS and ALS protocol/scope, as needed, to meet minimum standards and the recommended guidelines. Continue development of regional policies for transport of patients to facilities appropriate for their injuries or illness. Work to ensure all dispatch centers in Yolo County are using Medical Priority Dispatch System protocols with our system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS Agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A revision was done to the DNR policy to show the updates in 2015 and 2016 to the POLST form. A recent revision was completed at the end of the year to add instructions to manage the end of life act. We will continue to monitor and review the need to amend and update the policy as needed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the DNR policy continues to meet standards and system needs.

OBJECTIVE:

Monitor the utilization of the DNR policy and amend as needed. Improve the dissemination of DNR program materials throughout the EMS System.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS Agency, in conjunction with the county corner(s), shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A Determination of Death Policy was created and implemented with the respective county corner. This policy was updated/revised in December 2016 to include an updated POLST information and form.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the determination of death policy continues to meet county needs.

OBJECTIVE:

Review and update, as necessary, the criteria used for determining death in the field on a county-wide basis.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.22 REPORTING ABUSE

MINIMUM STANDARDS:

Each local EMS Agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies have been developed regarding the reporting of elder abuse, child abuse, and unexpected infant/child death.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain mechanisms for the reporting of abuse and unexpected infant/child deaths.

OBJECTIVE:

Review and update, as needed, EMS policies. Work with other public and private agencies to increase awareness of abuse cases and reporting among pre-hospital providers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Each local EMS Medical Director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfer.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A policy delineating the scene and interfacility transfer scope of practice has been established. Established policies and procedures for use of Heparin, Nitroglycerin, and Amiodarone as an expanded scope for interfacility transfer have been developed and are implemented as optional scope for our ALS Transport Provider Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue development and revision of BLS and ALS interfacility scope of practice. Identify funding mechanism to support development and monitoring of interfacility transfers.

OBJECTIVE:

Maintain BLS, ALS, CCT-P, and CCT interfacility scope of practice that is compliant with State guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.24 ALS SYSTEM

MINIMUM STANDARDS:

Advanced Life Support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS Agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: *meets minimum standard*

All ALS services currently provided in the EMS system are provided with local EMS agency approval. Written agreements, permits, and contracts are utilized. An Exclusive Operating Area (EOA) that encompasses the entire county was established in March 2014. We do have one ALS non-transporting agency, which provides services under written agreement with Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that ALS services are provided only as an approved part of the EMS system.

OBJECTIVE:

Maintain written agreements with ALS providers and monitor compliance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each local EMS system should develop a medical control plan that determines:

- The base hospital configuration for the system;
- The process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply and;
- The process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: *meets minimum standard*

Currently one (1) out of two (2) hospitals in Yolo County is designated as the Base Hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

An alternate Base Hospital is under consideration as part of our disaster planning. We are communicating with neighboring counties and reviewing potential opportunities for collaboration, integration, and standardization of our system as a method to provide alternative solutions to ensure redundancy and consistency.

OBJECTIVE:

Maintain written Base Hospital agreement. Develop a comprehensive medical control plan which meets standard and system needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- The optimal system design for trauma care in the EMS area, and
- The process for assigning roles to system participants, including a process that allows all eligible facilities to apply. Each EMS system shall have on-line medical direction provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County has no in-county Trauma services. A Level I Trauma Center is designated in Sacramento County (UC Davis Medical Center). A Level II Trauma Center is designated in Solano County (Kaiser Permanente Vacaville). A trauma catchment map has been created to facilitate transport decisions. A Trauma Advisory Committee (TAC) has been established. The Agency continues to refine its management of trauma system oversight driven by recommendations from the TAC.

Our current PSAP, Yolo Emergency Communication Agency, uses EMD dispatch guidelines to prioritize and triage the trauma patient and determine code response of the emergency personnel.

During 2015 and 2016 Yolo County EMS worked with all fire agencies, hospitals, and Sacramento and Solano EMS agencies to develop and update the MCI Response Plan. The finalization of this plan took place near the end of 2016, with an objective in 2017 to do a functional MCI drill to test the plan. We have conducted two functional full scale MCI exercises and one tabletop exercise.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Continue development and maintenance of the trauma system and regional trauma system. Establish and maintain a trauma audit process. The TAC will conduct, analyze, and discuss all trauma related deaths, complications, transfers, and quality-related filters in a multi-disciplinary, non-discoverable fashion. TAC integrates with existing CQI processes.

OBJECTIVE:

Establish, maintain and refine current trauma system plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- The optimal system design for pediatric emergency medical and critical care in the EMS area, and
- The process for assigning roles to system participants, including a process which allows all eligible facilities to apply

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Pediatric treatment protocols were created in 2013. A review of pediatric policies and protocols will be ongoing, and revisions will be made as needed. Pediatric specialty centers were identified and transport procedures established.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano County EMS Agencies.

NEED(S):

Continue to support EMS Children system development. Look for funding opportunities.

OBJECTIVE:

Review and revise as necessary pediatric treatment protocols.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determine: a) the optimal design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The optimal system design for an ALS ambulance response, and the process for assigning roles to the system participants, are based on the EMS system models examined by the agency and key stakeholders. There is currently a single Exclusive Operating Area (EOA) encompassing all of Yolo County. A sub-committee of EMCC has been created to discuss current contractual provider performance and future needs of the EMS system design. This sub-committee is a public meeting. The sub-committee in 2017 provided feedback about the current contract and recommended to the EMS Agency to offer a five (5) year extension to the current contractual provider. In February 2019, the Board of Supervisors approved the five (5) year EOA contract extension till 2024.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that system design continues to meet community needs.

OBJECTIVE:

Develop a monitoring system for evaluation of EOA operational and critical performance based measures.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

STAFFING AND TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Current training institutions and approved CE Providers appear to be meeting system needs. ALS updates for all accredited Paramedics have been established and the course content is provided by the LEMSA. MCI tabletop training sessions and functional exercises have also been offered by the ALS Transport Provider, AMR and LEMSA. CE Provider programs are verified/updated on a continuing basis and CE Providers are audited and reviewed regularly. All EMT Training Centers meet minimum standards and are audited and reviewed on continuing basis. Yolo County has no Paramedic Training programs.

Yolo County EMS Agency and West Valley Fire Regional Training Consortium recognized the need to deliver functional full-scale exercises to our providers. This year we collaboratively put together two training exercises focused on Incident Command, Communication, Triage/Treatment, and Patient Movement based on our Plans and Policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that sufficient personnel are trained to meet EMS system demands. Continue to refine relationships with local colleges and education providers to capitalize on shared resources, funding, and instructors. Further develop opportunities with neighboring counties.

OBJECTIVE:

Monitor and ensure system personnel and training needs, including Continuing Education.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The EMS agency has an approval process in place for first responder, EMT, and Paramedic training programs. On a continual basis LEMSA staff audits compliance of the programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to ensure that EMS education programs comply with State regulations and requirements for continued program approval.

OBJECTIVE:

Conduct random compliance evaluations of local programs. Monitor EMS education programs and ensure compliance to standards and other course requirements. Maintain standardized approval policies and compliance process.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS Agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS Agency of unusual occurrence that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies have been adopted regarding EMD, EMR, and EMT certification, and Paramedic accreditation. A standardized application, process, and fee schedule has been developed.

COORDINATION WITH OTHER EMS AGENCIES:

Consider developing reciprocal standards with neighboring counties.

NEED(S):

Review, modify, and adopt the procedures and policies used for certification and accreditation. Ensure compliance with state regulations and EMSA.

OBJECTIVE:

Monitor all EMS personnel policies and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

Public Safety Answering Point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with EMS Authority's EMD Guidelines.

RECOMMENDED GUIDELINES:

PSAP operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: *meets minimum standard*

Emergency Medical Dispatching, with pre-arrival instructions and priority dispatch, are currently being provided by one dispatch center in Yolo County.

Yolo County EMS has partnered with our largest dispatch center, Yolo County Emergency Communication Center, to deliver an EMD Q program. Currently the PSAP is operating under EMD guidelines but has no quality improvement process. This partnership will align our whole system approach and ensure the highest safety and quality of care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain and improve the quality of the EMD Yolo County. Maintain that the minimum standard of EMS dispatch for Yolo County is EMD.

OBJECTIVE:

Investigate and develop as appropriate, more cost effective means of providing EMS Dispatch services to include emergency and non-emergency call screening. Enhance oversight to include non-9-1-1 ambulance dispatching policy revisions.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one (1) person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three (3) years.

RECOMMENDED GUIDELINES:

At least one (1) person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one (1) person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: *meets minimum standard*

Yolo County first responder agencies require EMT training as a minimum condition of hire. All first responder agencies possess AEDs.

EMT training is widely available within the EMS system. Staffing of first response units includes at least one (1) certified EMT, since all first responder agencies require EMT certification for paid staff. 100% of the population of Yolo County is served by an early defibrillation first response provider.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure minimum training standards and encourage adherence to recommended guidelines.

OBJECTIVE:

Develop and implement standardized first response agreements or other mechanisms with all providers that will specify minimum training, staffing, and equipment standards.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.06 RESPONSE

MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS Agency policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Formalization of roles and responsibilities have been conducted with the EOA ALS Transport services in Yolo County. The county has an extensive first responder system that is primarily volunteer fire based. BLS field protocols have been established for the county.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to identify the optimal roles and responsibilities of all system participants based on EMS system and models, public input, and state standards. Ensure that system participants conform to assigned EMS system roles and responsibilities.

OBJECTIVE:

Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, to ensure linkage between public, private, and industrial EMS stakeholders.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS Agency Medical Director.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS First Responses operate under Basic Life Support (BLS) protocols. The BLS protocols are available for review via the agency website, and the Yolo County EMS Agency app on iOS and Android platform. ALS first responders utilize the agencies ALS protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that first responders operate under the medical direction of the system. Review, and modify as necessary, BLS field protocols to ensure compliance with new state EMT regulations. Develop agreements with first responder entities to include enforceable standards in Yolo County.

OBJECTIVE:

Refine existing methodology to ensure that first responders operate under the EMS Agency Medical Director. Develop funding source for program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one (1) person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: *meets minimum standard*

The minimum staffing level of all ALS emergency medical transport vehicles (ambulance) is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance, staffed with a minimum of two (2) EMTs, may be used to respond to emergency requests during times of disaster when all available ALS resources have been depleted.

COORDINATION WITH OTHER EMS AGENCIES:

Where necessary or desirable in disaster or large MCI situations.

NEED(S):

Ensure the availability of trained transport personnel to meet the needs of the EMS system.

OBJECTIVE:

Monitor and adjust ambulance staffing requirements to EMS system needs and EMS system recommended guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

2.09 CPR TRAINING

MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS Agency requires all certifying personnel maintain a current CPR certification.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Encourage the training of allied health personnel in CPR.

OBJECTIVE:

Monitor EMS system personnel and take appropriate measures to ensure training in CPR.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in ALS.

RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: *meets minimum standard*

Current Base Hospital agreements require hospital physicians to be certified in Advanced Cardiac Life Support (ACLS). All Emergency Department (ED) physicians are encourage to be board certified in emergency medicine or be certified in pre-hospital EMS management through such courses as Advanced Trauma Life Support, and Pediatric Advanced Life Support (PALS).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure training in ALS for emergency department physicians and nurses who provide emergency patient care.

OBJECTIVE:

Develop policy to ensure that emergency department physicians and nurses are training to an appropriate ALS level.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of ALS personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope practice, and enrollment into the local EMS agency quality assurance/quality improvement process.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies and procedures exist to accredit and orient ALS personnel. ALS updates are used as a platform to orient new ALS personnel entering the local system. Newly accredited paramedics are oriented to policies and procedures, given access to those policies and procedures via the agency web site, the application, or a hard copy of the manual. New paramedics are required to review, document, and attend an orientation class on current policy and procedures in conjunction with a five (5) call ALS evaluation by an authorized Field Training Officer (FTO). Re-accreditation requirements for ALS personnel is set in policy.

COORDINATION WITH OTHER EMS AGENCIES:

Where applicable/desirable coordinate accreditation with adjoining counties.

NEED(S):

Continue to ensure that ALS personnel are appropriately oriented to the EMS system and capable of performing the expanded scope of practice procedures.

OBJECTIVE:

Monitor and amend the ALS accreditation process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS Agency shall establish policies for local accreditation of public safety and other BLS personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies, procedures and training venues exist to support personnel in Public Safety AED programs. LEMSA staff ensure that Public Safety AED are in compliance with policy and training standards are verified yearly.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Fund program in order to ensure policies and procedures for early defibrillation training and certification to meet the EMS system needs.

OBJECTIVE:

Develop funding source to allow evaluation of existing policies and procedures for early defibrillation training and certification to ensure that system needs are being met.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS Agency policies and procedures and are trained in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County's policies and agreements specify that only Emergency Department (ED) hospital physicians who have been judged knowledgeable in the pre-hospital policies and protocols shall provide medical direction to EMS personnel. Base Hospital personnel are trained in radio usage.

We have partnered with our Base Hospital to do regular trainings on protocols and changes to our system to ensure that all personnel have a working knowledge of our system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that only adequately trained physicians provide medical direction to EMS personnel. Ensure that EMS quality nursing personnel and physicians have opportunities for EMS system input.

OBJECTIVE:

Refine policies requiring Base Hospital physicians to be trained to provide pre-hospital medical direction, radio communications and EMS Agency policies. Monitor compliance to ensure that Base Hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures. Incorporate hospital EMS expertise into EMS system dynamics.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

COMMUNICATIONS

3.01 COMMUNICATION PLAN

MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting ALS responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellite and cellular telephones.

CURRENT STATUS: *meets minimum standard*

The current system of dispatch, field, and hospital medical communications within Yolo County has recently been updated to improve communication throughout the county. All transporting vehicles in Yolo County have capabilities to communicate to local PSAPs, hospitals, and all fire frequencies. ReddiNet, an Internet based communications system, has been established in all of the county hospitals to facilitate another form of communication. The EMS Agency has satellite phone capabilities to be used in disaster situations. ACS (Ham) radios have been established with local hospitals, clinics, and Skilled Nursing Facilities (SNFs).

COORDINATION WITH OTHER EMS AGENCIES:

It is anticipated that coordination with Sacramento and Solano County EMS may either be necessary or advantageous when developing a comprehensive communication plan.

NEED(S):

Ensure the availability of all necessary EMS dispatch and medical communications. The county's communication system in some areas could use updates and improved towers. An assessment of the communication system needs to be performed as a precursor to the development of a regional and cross regional communication plan.

OBJECTIVE:

Create and effect a regional communication and cross regional communication plan. Prioritize system repairs and upgrades as necessary to comply with regional or county needs. The communication plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal and medical control.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting ALS responders shall have two-way radio communication equipment which complies with the local EMS communication plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicles-to-vehicle (including both ambulance and non-transporting first responder units) communication.

CURRENT STATUS: *meets minimum standard*

All emergency medical transport vehicles have two-way radio equipment capable of performing field dispatch, field to field, and field to hospital communications; however, communication "dead-spots" exists throughout the system, especially in the north portion of the county. In addition, the majority of ALS providers utilize cell phone capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Funding is a critical issue. Ensure the availability of medical communications through development of a regional and cross regional communication plan. This plan should include linkages between first responders and ambulance providers.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades, and make necessary changes for improvement.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both sending and receiving facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All transport vehicles have two-way radio communication capabilities and cellular phone capability.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of communications frequencies and the location of radio repeaters may need to be assessed in conjunction with adjacent EMS stems.

NEED(S):

Ensure the availability of medical communications. Conduct an assessment of the communication system. Develop the plan as state's communication master plan is established, and as county funding allows.

OBJECTIVE:

Develop a communication plan, prioritize system repairs and upgrades, and make necessary changes. Ensure compatibility between regional and communication plans.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

All emergency medical transport vehicles, where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center for disaster communications command post.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The current system of dispatch and field and hospital medical communications within Yolo County has recently been updated to improve communication throughout the county. All transporting vehicles in Yolo County have capabilities to communicate to local PSAPs, hospitals, and all fire frequencies. ReddiNet, an internet based communications system, has been established in the county and is used by hospitals, skilled nursing, clinics, and fire and EMS providers to facilitate another form of communication. The EMS Agency has satellite phone capabilities to be used in disaster situations. ACS (Ham) radios have been established with local hospitals, clinics, and Skilled Nursing Facilities (SNFs).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Further development of real time AVL location services needs to be implemented at all system levels. One (1) PSAP in Yolo County does not have the same capabilities to communicate and work within the system; an integrated model needs to be designed for dispatch. Our field personnel depending on the location of the incident may need to communicate with two different dispatch centers.

OBJECTIVE:

Develop an integrated dispatch that meets the full system requirements.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.05 HOSPITALS

MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g. position information, pediatric and trauma consultation).

CURRENT STATUS: *meets minimum standard*

Yolo County hospitals utilizes a VHF system. All of the hospitals in the region have radios and Reddinet which allows them communicate with each other as well as field providers.

COORDINATION WITH OTHER EMS AGENCIES:

Hospitals employ a web based control, proactive communication system called Reddinet

NEED(S):

Continue to assess the current communication pathways, and make updates as needed and when funding becomes available in the county.

OBJECTIVE:

Develop the communication plan, prioritize system repairs and upgrades and make necessary changes as funding becomes available.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

The local EMS Agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-causality incidents and disasters.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Hospitals in Yolo County have VHF and ACS radio communications capabilities. Yolo County hospitals can use either regular telephone or facsimile lines or ReddiNet, which is an internet based system used when determining the capabilities of area hospitals during MCIs and disasters. ReddiNet is available in the PSAPs, Fire, and EMS Communications to provide the ability to relay information within the operational area. All providers have cellular phone capability as well as two-way radio capability with their respective hospitals in Yolo, Sacramento, and Solano Counties.

The only other alternate communications capability for hospital-to-hospital transmission region wide is cellular and satellite phones.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the availability of medical communications during disaster and multi-causality incidents to include: common dispatch and travel frequencies; tactical frequencies coordinated with local public safety agencies; a mechanism for patient dispersal; and medical control communications.

OBJECTIVE:

Develop the communication plan, prioritize system repairs and upgrades, and make necessary changes consistent with system needs and regional communication goals when the individual counties establish system funding.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

The local EMS Agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: *meets minimum standard*

Yolo County Communications system has enhanced 9-1-1 telephone service, and the EMS Agency and local PSAPs participate in planning and coordination of the 9-1-1 telephone system. The local PSAP is updating their Computer Aided Dispatch (CAD) to build a stronger communications plan for Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Participate in ongoing planning and coordination of the 9-1-1 telephone system.

OBJECTIVE:

Identify funding and staff to allow participation in ongoing planning and coordination of 9-1-1 telephone service.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.08 9-1-1 PUBIC EDUCATION

MINIMUM STANDARDS:

The local EMS Agency shall be involved in public education regarding the 9-1-1 telephone services as it impacts system access.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The EMS Agency participates in public education efforts targeted at early 9-1-1 access. Bystander CPR and AED awareness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify funding to provide materials and staff to meet this standard. Determine public education needs from the respective county EMCC members.

OBJECTIVE:

In coordination with other public safety agencies and primary health care organizations, provide for public education concerning appropriate utilization and system access as outlined in various EMS system models.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS Agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS Agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: *meets minimum standard*

An Emergency Medical Dispatch Priority Reference System has been established and is operational. One PSAP provides pre-arrival dispatch instructions, along with priority dispatching of all apparatus and ambulances.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that all PSAPs are providing Emergency Medical Dispatch Priority with pre-arrival instructions and priority dispatch of all apparatus. Maintain standardized EMD/QI program in the established designated EMS dispatch centers.

OBJECTIVE:

Fully integrate into one dispatch center.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:

The local EMS Agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS: *meets minimum standard*

Integration between Yolo County Emergency Communication Agency and our EOA provider was completed in 2017 which allows for two-way real time dispatches between both systems. The EOA provider is required by the agreement to ensure the availability of ambulances at all times within the county.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain an integrated dispatch system in conjunction with the communications plan.

OBJECTIVE:

Maintain and refine the dispatch system in conjunction with the communication plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS Agency shall determine the boundaries of emergency medical transport service area.

RECOMMENDED GUIDELINES:

The local EMS Agency should secure a county ordinance or similar mechanism for establishing emergency medical transport services areas (e.g., ambulance response zones).

CURRENT STATUS: *meets minimum standard*

Emergency medical transportation services area has been determined for Yolo County EMS system. An ordinance or similar mechanism (such as Exclusive Operating Areas) has been established for ambulance response zones. Mutual aid procedures have been established between transport providers to ensure adequate coverage.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Ensure the ambulance response zones provide optimal ambulance response and care by periodically evaluating the emergency medical transport services area.

OBJECTIVE:

Review and revise local ambulance ordinances as needed. Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS Agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:

The local EMS Agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS: *meets minimum standard*

The minimum standard is met through written agreements, permits, EOA contract, ordinances, auditing, inspections, and investigation of unusual occurrences. Monthly reports are given to the Board of Supervisors, EMCC, and local area stakeholders on EOA contractual compliance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that providers comply with statutes, regulations, policies and procedures.

OBJECTIVE:

Conduct random compliance evaluations on all providers. Monitor providers for compliance standards. Monitor EOA contract for compliance. Revise County ordinances.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.03 CLASSIFYING MEDICAL REQUEST

MINIMUM STANDARDS:

The local EMS Agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response for each.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

An Emergency Medical Dispatch Priority Reference System has been developed and is in use in Yolo County. Currently, classification criteria based on the Medical Priority Dispatch Systems is used by the PSAPs. The ALS ambulance and fire department are being sent to all 9-1-1 medical requests as a minimum response depending on dispatch criteria, as either Code 2 or Code 3 responses.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the consistent use of Emergency Medical Dispatch system standards for all PSAP dispatch centers responsible for medical resources within the county.

OBJECTIVE:

Maintain Emergency Medical Dispatch system standards in all regional medical resource dispatch centers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

EOA contract specifies system status levels appropriate to accommodating prescheduled responses. Transport unit availability is a provider regulated responsibility, but is monitored by the agency and contract provider dispatch center. Mutual aid protocols are in place to ensure an ambulance response to all 9-1-1 system generated calls for service.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of a sufficient number of emergency medical transport vehicles to meet EMS system demands and EOA system status management principles and standards for all providers.

OBJECTIVE:

Monitor ambulance availability and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas response zones shall be designated so that, for ninety percent (90%) of emergency responses, response times shall not exceed:

	Urban Area	Suburban Area	Rural Area	Wilderness Area
Priority 1	8:00 minutes	10:00 minutes	15:00 minutes	60:00 minutes
Priority 2	12:00 minutes	15:00 minutes	25:00 minutes	70:00 minutes
Priority 3	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes
Priority 4	+/- 15 minutes	-	-	-
Priority 1 with ALS FR	10:00 minutes	12:30 minutes	18:45 minutes	75:00 minutes
Priority 2 with ALS FR	15:00 minutes	18:45 minutes	31:15 minutes	87:45 minutes
Priority 3 with ALS FR	25:00 minutes	37:30 minutes	75:00 minutes	112:50 minutes

CURRENT STATUS: *meets minimum standard*

Response standards were developed for the EOA ALS Ambulance Provider in Yolo County. All response zones in Yolo County meet or exceed the ALS/ambulance/transport response standards as listed above. Response times for the EMS transportation units within Yolo County's EOA are measured from the time the PSAP dispatches the ambulance to arrival at scene.

A CAD-CAD interface has been installed with the PSAP and the EOA provider ensuring instant two-way communication between each dispatch center and ambulance.

Mutual Aid response agreements have been implemented with adjoining counties and agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

FirstWatch has been implemented across the county and with all responding agencies. Development of a mechanism to collect and measure response times of first responder agencies, and the establishment of response time goals/standards for first responder agencies.

OBJECTIVE:

Create a mechanism and/or process to measure response times from receipt of call at PSAP to arrival on scene for both first responder agencies and transport units.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

By policy and contract, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one (1) licensed paramedic and one (1) certified EMT-I. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with standard.

OBJECTIVE:

Monitor providers for compliance to standards and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS Agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Partially meets minimum standard*

The roles and responsibilities of most system participants are based primarily on a willingness to cooperate with the agency and serve their communities. Yolo County has an extensive volunteer first responder network that meets state and local requirements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop a first responder master plan, integrating the first responder network into the EMS system.

OBJECTIVE:

Incorporate the optimal roles and responsibilities of first responder agencies as it will be described in the first responder master plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS Agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- Authorization of aircraft to be utilized in pre-hospital care;
- Requesting of EMS aircraft;
- Dispatching of EMS aircraft;
- Determination of EMS aircraft patient destination;
- Orientation of pilots and medical flight crews to the local EMS system; and
- Addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Processes have been established in Yolo County, for categorizing medical and rescue aircraft. All EMS aircraft providers serving the county have completed application requirements. Aircraft utilization has been established as part of the CQI and EMCC review.

Adjacent county agencies and departments participate in air utilization and services review.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Maintain and revise, as necessary, EMS Aircraft Utilization policy for Yolo County application.

OBJECTIVE:

Monitor and ensure medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Maintain and revise, as necessary, EMS Aircraft Utilization Policy for Yolo County application.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS Agency shall designate a dispatch center to coordinate the use of air ambulance or rescue aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A contract has been established designating one (1) dispatch center as an EMS aircraft resource center. In 2015 Yolo EMS Agency and Yolo Emergency Communication Agency entered into agreement for the local PSAP to dispatch the most appropriate and closest air resource to the scene of an emergency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate and improve the current system for requesting and dispatching EMS aircrafts within Yolo County. Update Aircraft Utilization Policy as needed.

OBJECTIVE:

Evaluate and improve the current system for requesting and dispatching EMS aircraft.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS Agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical service providers operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Yolo County EMS Agency has identified aeromedical service providers operating within the county to provide medical and rescue aircraft emergency patient transportation. The agency has permits and contracts with the aeromedical service providers operating in the county, with exception of the California Highway Patrol (CHP), which is exempted. However, CHP cooperatively participates with the Yolo County EMS Agency. The local PSAP, Yolo Emergency Communication Agency, has built out their dispatch software to include air resources. This allows dispatch of the most appropriate available EMS Aircraft. Monthly reports are provided to the EMS Agency to ensure compliance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system. Implement helicopter tracking and status interface with the dispatch centers.

OBJECTIVE:

Monitor providers to ensure that system demands are being met. Ensure providers comply with agreements and policy.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.11 SPECIALITY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snowmobiles, and water rescue and transport vehicles.

RECOMMENDED GUIDELINES:

The local EMS Agency should plan for response by and use of all-terrain vehicles, snowmobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures, and catchment areas.

CURRENT STATUS: *Meets minimum standard*

Other than MCI trailers, these resources are typically tracked and maintained through the public safety first responder agencies. Yolo County EMS Agency maintains a list of all-terrain vehicles, water rescue, and other transport vehicles in the county. The county also has mutual aid agreements with adjacent counties to provide additional equipment and vehicles, as needed, for any incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop a resource directory and response plan for specialty vehicles.

OBJECTIVE:

Develop a resource directory of specialty vehicles and research the feasibility and need for developing a response plan for specialty vehicles within Yolo County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS Agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County utilizes the Yolo County MCI Plan and State EOM. Medical Health Operation Area Coordinator (MHOAC), EMS staff members work closely with their respective county Office of Emergency Services (OES) organization. Training for EMS staff members includes Incident Command System (ICS) 100-200-300-400, Standardized Emergency Management System (SEMS), and National Incident Management System (NIMS) 700-800.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with OES Regions III, IV & II.

NEED(S):

Continue to work with OES in developing standard procedures for mobilizing response and transport vehicles for disaster. Formalize the mutual aid capabilities between the member counties within the region.

OBJECTIVE:

Continue to work with OES and Region IV in developing standard procedures for mobilizing response and transport vehicles for disaster.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS Agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS Agency should encourage and coordinate development of a mutual aid agreement that identifies financial responsibility for mutual aid responses.

CURRENT STATUS: *meets minimum standard*

Ambulance provider permits and agreements require providers to arrange for day-to-day auto aid from neighboring providers stationed inside and outside Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Master EMS mutual-aid agreement between the counties in OES Region IV.

OBJECTIVE:

Adoption of a regional master EMS mutual-aid agreement and state mutual aid agreement. Continue to monitor day-to-day mutual-aid and continuation of call incidents and take action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS Agency shall develop multi-causality response plans and procedures that include provision for on-scene medical management using the Incident Command System (ICS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County has a multi-causality response plan that uses ICS, NIMS and SEMS compliant.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

OBJECTIVE:

Monitor the utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.15 MCI PLANS

MINIMUM STANDARDS:

Multi-causality response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The MCI Plan currently in use is ICS, NIMS, and SEMS compliant.

An intentional MCI (iMCI) plan was created in collaboration with law enforcement, fire, and EMS to ensure a standard approach with these types of incidents. There was a county goal to hold a functional iMCI exercise toward the end of 2018, which was completed in October and included all fire and law agencies in Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management. Evaluate training standard requirements for MCI planning and response. Update the plan as needed.

OBJECTIVE:

Monitor the utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one (1) person certified at the Advanced Life Support level and one (1) person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS Agency should determine whether advanced life support unit should be staffed with two (2) ALS crew members or with one (1) ALS and one (1) BLS crew member.

On an emergency ALS unit not staffed with two (2) ALS crew members, the second crew member should be trained to provide defibrillation using the available defibrillator.

CURRENT STATUS: *meets minimum standard*

By policy, the minimum staffing level of all ALS ambulances is one (1) licensed paramedic and one (1) certified EMT-1. However, a BLS ambulance, staffed with a minimum of two (2) EMT-I's may be used to respond to emergency requests during times of disaster and/or system overload.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that ALS ambulance staffing meets minimum standards and system needs.

OBJECTIVE:

Continue to maximize efforts to upgrade emergency medical response capability within the county.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

All emergency ALS ambulance shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS Agency has developed policies and standards of minimum drug and equipment levels for: BLS non-transporting, ALS non-transporting, BLS transporting, ALS transporting and CCT transporting. Equipment and drug inventory is revised and updated by the agency with the CQI and PAC committees. All ambulance providers have required inspections on a yearly basis for compliance and random audits may also be done.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of drugs and equipment on non-transporting units and ambulances to meet patient and system needs. Evaluate and adjust, as necessary, the respective inventories to ensure best practices.

OBJECTIVE:

Monitor drug and equipment requirements and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS Agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure the EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Written agreements, permits, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor, and enforce compliance with system policies for operations and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies.

OBJECTIVE:

Develop and improve compliance with system policies.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS Agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, Health & Safety Code, shall develop an EMS transportation plan which addresses:

- Minimum standards for transportation services.
- Optimal transportation system efficiency and effectiveness; and
- Use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The transportation plan was completed in 2013, and in 2014 the ALS EOA was awarded to American Medical Response (AMR). The five (5) year extension was approved by the Board of Supervisors February 2019.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the transportation plan meets the needs of the EMS system.

OBJECTIVE:

Implement and monitor the requirements of the transportation plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.20 GRANDFATHERING

MINIMUM STANDARDS:

Any local EMS Agency which desires to grant an exclusive operating permit without use of a competitive process shall document in the EMS transportation plan that the existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1791.224, Health & Safety Code.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There are currently no grandfathering providers in Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

The local EMS Agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1791.224 Health & Safety Code, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There are contracts, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs in place which serve to review, monitor, and enforce compliance by the EOA provider with system policies for operations and clinical care. Yolo County has one (1) EOA. The EOA provider is required to provide monthly compliance reports. The monthly compliance reports were completed in FirstWatch Online Compliance Tool.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies, and standards.

OBJECTIVE:

Evaluate and improve compliance with system policies and procedures.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS Agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The EMS Agency evaluated the design of the EOA in conjunction with the EOA contract terms. A complete system review was done in 2012 in preparation for an RFP process for an exclusive operating area. In March 2014, Yolo County entered into a contract for one (1) exclusive operating area (EOA) beginning March 1, 2014. The performance standards required of the provider operating within the EOA are routinely monitored and corrective action is taken to address deficiencies. The five-year extension was awarded in February 2019.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the EOA design meets the needs of the EMS system and is consistent with the EMS system model.

OBJECTIVE:

Continue to monitor performance standards and take corrective action as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

FACILITIES AND CRITICAL CARE

5.01 ASSESMENT OF CAPABILITIES

MINIMUM STANDARDS:

The local EMS Agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS Agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: *meets minimum standard*

There are two (2) hospitals in Yolo County that receive emergency patients via the EMS System. One (1) of the hospitals is designated as the Base Hospital. The EMS agency has written agreements with all acute care facilities in the service area. Medical Control guidelines and minimum standards of care for all facilities have been established. The EMS Agency will continue to evaluate pre-hospital care capabilities of all facilities as well as conduct periodic review of all participating facilities for system compliance and performance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS Agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Pre-hospital trauma triage and field diagnosed STEMI protocols have been implemented within the county. An interfacility transfer policy has been established. Transfer protocols have been established along with air ambulance procedures for pediatric related field incidents with UC Davis Medical Center. Patients with significant burns may be transported directly by EMS aircraft or ambulance from the field to the regional burn center, UC Davis Medical Center. Assistance with establishment of transfer protocols and agreements for all hospitals are available if needed.

COORDINATION WITH OTHER EMS AGENCIES:

Solano County – One (1) Level II Trauma Center as well as one (1) STEMI Receiving Center which, in some cases, may be the closest most appropriate facility for patients in Yolo County.

Sacramento County – One (1) Level I Trauma Center, Pediatric Trauma Center and Burn Center as well as two (3) STEMI Receiving Centers and six (6) Primary Stroke Receiving Centers which, in some cases, may be the closest most appropriate facility for patients in Yolo County.

NEED(S):

Continue the development and implementation of pre-hospital triage protocols as needed.

OBJECTIVE:

Ensure timely production of pre-hospital triage and transfer protocols based on medical need and preferred transport.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS Agency, with participation from acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There are two (2) acute care hospitals within Yolo County. Transfer agreements are in place at the two (2) acute care hospitals with specialty centers (burn, pediatrics, STEMI, Trauma).

COORDINATION WITH OTHER EMS AGENCIES:

Any future transfer policies or agreements will be coordinated with affected LEMSA's (Solano & Sacramento).

NEED(S):

Assist with the development of transfer guidelines for trauma and other specialty patient groups as tools to be used by emergency departments' physicians in determining an appropriate destination for EMS patients.

OBJECTIVE:

Review and update transfer policies, protocols and guidelines for trauma and other specialty patient groups as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.04 SPECIALITY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS Agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County has two (2) acute care hospitals, with one (1) designated as the Base Hospital. Both in-county hospitals are designated as Stroke Receiving Centers. All other specialty care centers reside outside Yolo County. Solano County – One (1) Level II Trauma Center and one (1) STEMI Receiving Center which, in some cases, may be the closest most appropriate facility for patients in Yolo County. Sacramento County – One (1) Level I Trauma Center which is also the Pediatric Trauma Center and Burn Center for our region; three (3) STEMI Receiving Centers; and six (6) Stroke Receiving Center, which in some cases, may be the closest most appropriate facility for patients in Yolo County.

There are written agreements with all facilities for each designation outlining the roles and responsibilities of the facilities and the agency, as well as any fees in an amount sufficient to fund the costs directly related to the designation of the facilities.

COORDINATION WITH OTHER EMS AGENCIES:

The designation of specialty care centers located outside Yolo County was performed with the approval of the local EMS agencies that had originally designated the centers.

NEED(S):

Ensure a process exists to designate and monitor receiving hospitals and specialty care facilities for specified groups of emergency patients.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

The local EMS Agency shall encourage hospitals to prepare for mass causality management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass causality management, including procedures for coordinating hospital communication and patient flow.

CURRENT STATUS: *meets minimum standard*

Surge capacity and Mass Causality Plans have been created and are continually under review and revision via the Health Resources and Services Administration (HRSA)/Hospital Preparedness Program (HPP) grant funding. All facilities within Yolo County have internal disaster plans. All facilities have received MCI training. Mass Casualty drills are scheduled in conjunction with all Yolo County stakeholders. Each hospital conducts internal disaster drills utilizing the Hospital Emergency Incident Command System (HEICS) system. ReddiNet has been established for all hospitals within Yolo County and Sacramento.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure adherence to all MCI plan requirements. Continue efforts to assess, establish, and maintain a surge capacity as defined by federal grant funding programs (HRSA/HPP and CDC).

OBJECTIVE:

Monitor capability of system hospitals to respond to mass causality incidents and encourage and/or make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS Agency shall plan for hospital evacuation, including the impact on other EMS system providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All county hospitals have individual evacuation plans in place. HPP creates planning groups to address the issues of patient evacuation and to develop and establish surge capacity utilizing HPP and Homeland security grant funding. The ReddiNet system was implemented throughout the operational area to enable the tracking of available facility beds, and for making informed patient destination decisions. Healthcare Coalition participates in the evaluation of facility evacuation plans and table top exercises on a continual basis.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with OES and Sacramento and Solano Counties.

NEED(S):

Develop, adopt, and implement a standardized regional hospital evacuation plan.

OBJECTIVE:

Support all facilities in sustaining, maintaining, updating, and evaluating their evacuation plans.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS Agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Currently, one (1) of the two (2) hospitals in the EMS system is designated as a Base Hospital for Yolo County, and all designated specialty receiving centers are allowed to direct the care of the patients they are receiving from the field. We coordinate with our adjacent EMS agencies and hospitals to ensure that pre-hospital physician direction follows YEMSA protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to evaluate and reassess the designated Base Hospital and the need for any additional Base Hospitals.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.08 TRUAMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community needs and available resources) including, but not limited to:

- The number and level of trauma centers (including the use of trauma centers in other counties),
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- A plan for monitoring and evaluating the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County has designated two (2) out-of-county trauma centers, a Level I in Sacramento County (UC Davis Medical Center) and a Level II in Solano County (Kaiser Permanente Vacaville). A catchment map was developed splitting Yolo County into east and west catchment areas. Trauma triage criteria has been implemented. Both trauma centers utilize trauma registry software to gather and track trauma patient data. The EMS agency has current trauma system policies and a trauma plan approved by the State EMS Authority that addresses all the minimum standards.

Yolo County EMS has met with our local hospital, Woodland Memorial, to discuss the possibilities of expanding their trauma capabilities to level IV. Currently, Woodland Memorial is not interested in expanding trauma services, but the county will continue to support them with hopes of a transition in the future.

COORDINATION WITH OTHER EMS AGENCIES:

The designation of trauma centers located outside Yolo County was performed with the approval of the local EMS agencies, Sacramento and Solano County EMS, that had originally designated the centers.

NEED(S):

Ensure the availability of specialized trauma services to critically injured patients.

OBJECTIVE:

Maintain and refine a trauma system that effectively serves patients with critical injuries in Yolo County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All trauma planning efforts have included numerous opportunities from the public, stakeholder, and hospital representatives. Trauma planning has included input of the respective EMCC. A Trauma Advisory Committee (TAC) has been established and meets bi-annually to provide quality assurance and feedback from providers on an ongoing basis. TAC reports to Physician Advisory Committee (PAC), as well as EMCC.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Ensure an open process for continuing trauma system development.

OBJECTIVE:

Keep the process used for developing a trauma system open to hospitals, pre-hospital and public input.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

The local EMS Agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- The number and role of system participants, particularly of emergency departments,
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- Identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- Identification of providers who are qualified to transport such patients to a designated facility,
- Identification of tertiary care centers for pediatric critical care and pediatric trauma,
- The role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- A plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS Agency does not have any designated pediatric centers within the county boundaries. Both acute care facilities in Yolo County receive, treat, and transfer critical pediatric patients as indicated by clinical presentation. The trauma triage decision includes pediatric patients and advised transport to the closest appropriate trauma center when necessary. Current policy allows for direct transport from the field for critically injured children to UC Davis Medical Center via ground or air.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento County.

NEED(S):

Continue to assess and evaluate the pediatric protocols in the county and revise as needed.

OBJECTIVE:

Continue to monitor and evaluate the system for pediatric emergency medical and critical care system within Yolo County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

The local EMS Agency shall identify minimum standards for pediatric capability of emergency departments including:

- Staffing,
- Training,
- Equipment,
- Identification of patients whom consultation with a pediatric critical care center is appropriate,
- Quality assurance/quality improvement, and
- Data reporting to the local EMS Agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: *meets minimum standard*

All facilities in Yolo County are offered assistance with purchasing pediatric equipment utilizing the Maddy Fund allocation of 15%.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that pediatric services provided by the EMS system continue to meet the needs of critically ill and injured children within the EMS system.

OBJECTIVE:

Develop continuous pediatric system monitoring capabilities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

EMS Advisory Committees are in place to ensure input from pre-hospital, hospital, and consumers. Public input periods are provided before any modification is made to EMS policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to get public input and evaluation of the pediatric emergency medical and critical care system.

OBJECTIVE:

Ensure continued public input and evaluation of the pediatric emergency medical and critical care system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- The number and role of system participants,
- The design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- Identification of patients who should be triaged or transferred to a designated center,
- The role of non-designated hospitals including those which are outside the primary triage area, and
- A plan for monitoring and evaluating the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Agency has developed and established transfer policies for Trauma, STEMI, Pediatric, and Burn patients who have been identified as patients warranting transfer to designated centers outside of the county. Yolo County EMS Agency worked with the Regional Trauma Committee to support and roll out the regional trauma transfer guidelines within the county.

Yolo County will be submitting with the EMS Plan this year, a Stroke System of Care Plan to EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

The designation of specialty care centers located outside Yolo County was performed with the approval of the local EMS agencies that had originally designated the centers. Coordination was with Sacramento and Solano Counties.

NEED(S):

Ensure the availability of Trauma, STEMI/Stroke, and Burn care services to the critically ill and injured patients.

OBJECTIVE:

Develop and implement STEMI System of Care Plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from pre-hospital, hospital providers, and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All specialty care planning efforts have included numerous opportunities for public and stakeholder input. Various committees meet on a quarterly basis; they are comprised of all system stakeholders and are open to the public.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Ensure an open process for specialty care system development.

OBJECTIVE:

Keep the process used for developing a specialty care system open to public input.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS Agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate responses to, and the care provided to, specific patients.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS Agency has developed a CQI program that is comprised of base hospital nurse liaisons, base hospital medical directors, receiving hospital nurse liaisons, receiving hospital medical directors, specialty centers nurse liaisons, specialty centers medical directors, ambulance provider clinical educators, ambulance provider medical directors, and field personnel. All representatives are invited to meet quarterly at QA/QI meetings, and also at case reviews which are hosted by the Base Hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Find funding to maintain and refine CQI process that meets system and State standards.

OBJECTIVE:

Maintain the CQI program. Establish a process to identify preventable morbidity and mortality. Yolo County will be implementing FirstPass which will allow for feedback to pre-hospital personnel on performance and protocol compliance. Ensure and maintain that the CQI process meets system needs and state standards. Expand the CQI process to include first responders and dispatchers. Continue to monitor and amend the QA/QI program to meet system needs. Seek funding to support program needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policy requires patient care records (PCRs) to be completed for all patients, with copies (hard or electronic) of the report being submitted to the receiving hospital, provider, and agency. All ground ambulance providers and ALS first responders use a computerized PCR.

The Yolo County ALS transport provider is on a NEMSIS 3 system (MEDS), and our non-transport ALS provider is on a similar system (ESO). All non-transporting providers within Yolo County, fire first responders, are not currently using an ePCR system that meets NEMSIS requirements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure completeness and timely submission of patient care records. Develop a policy for mandatory NEMSIS data collection and reporting the EMS Agency through a NEMSIS compliant ePCR system. Move all non-transporting providers to a compliant ePCR system when funding is allocated or located.

OBJECTIVE:

Investigate ways of improving completeness and timely submission of patient care records. Monitor providers to ensure adherence to policy and take corrective action as necessary. Currently ALS providers within the county are NEMSIS compliant. We are working on getting all BLS and interfacility providers to be compliant. Our final stage will be to transition all BLS non-transporting responders to a NEMSIS compliant system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have mechanism to link pre-hospital records with dispatch, emergency departments, and in-patient care.

CURRENT STATUS: *meets minimum standard*

The quality assurance and CQI program allows for the EMS agency to monitor clinical and operational compliance. First Pass will be integrated into our QI system and feedback loop.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Implementation of data based clinical audit system like FirstPass will help identify preventable morbidity and mortality and ensure adherence to treatment standards and protocols.

OBJECTIVE:

Implement FirstPass to identify and adhere to policy a protocol standard.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival dispatch instructions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

It is a Yolo County requirement that the PSAPs must be able to perform EMD and priority dispatch or transfer the call to a center which can. Currently only one PSAP meets this requirement. The EMS agency participates in the local PSAP QA program and monitors their EMD system quality.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that an appropriate level of medical response is sent to each emergency. Monitor pre-post arrival instructions for compliance with EMD standards.

OBJECTIVE:

Continue oversight and review of medical dispatching to ensure that the appropriate level of medical response is sent to each emergency, and monitor the appropriateness of pre-arrival/post-dispatch instructions. Support Davis in implementation if ProQA if and when possible.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS Agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to the patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an interfaced data management system that includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: *meets minimum standard*

Current monitoring systems is through the EOA provider giving the EMS Agency complete access to the data management system. The agency is considering adopting its own management system to interface not only with the EOA provider, but also with all other agencies in the county.

YEMSA has developed key data sets that are sent to our hospitals on a quarterly basis to facilitate collection of patient information, diagnostics, treatments, and outcomes. All designated hospitals within the YEMSA system participate in data collection and sharing that is then audited and analyzed in the YEMSA QI meetings.

Yolo County is implementing FirstPass to evaluate our QA/QI system based on protocols and policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate a data management system that will work for all of Yolo County. Gain quicker access to existing hospital data regarding the outcomes of pre-hospital patients while utilizing the state indicators.

OBJECTIVE:

Implement FirstPass for Yolo County ALS agencies and work to secure funding to add more agencies into the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The EMCC, CQI, and PAC, comprised of physicians, local CQI coordinators, hospital liaisons, and clinical provider representatives, has been formed to evaluate and advise the medical director on clinical issues, including system design. Also, EMCC reviews local operations, policies, and practices. Meetings of the Board of Supervisors (BOS) and EMCC are open to the public, with time allocated on each agenda for public comments. A BOS member is invited and sits on the EMCC to provide additional input to the system management.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to develop a system that has key indicators for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Creation of common indicators that can be used to evaluate the effectiveness of our EMS system and that meet community needs and system demands. Maintain and support the CQI committee and EMCC. Integrate data collection into evaluation and planning, and expand our focus to include prevention activities.

OBJECTIVE:

Continue to create and modify common indicators, as needed, that can be used to evaluate the effectiveness of the EMS system at meeting community needs and system demands. Participate in statewide standardized system evaluation projects.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

ALS and BLS providers are required to participate in system-wide evaluation planning and programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with ALS and BLS providers' participation in system evaluation and improvements.

OBJECTIVE:

Continue to monitor compliance. Investigate the feasibility of requiring first responders, dispatchers, and other system providers' participation in the system QA/QI program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS Agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Monthly, quarterly, bi-annual, results, as well as an annual report, are shared with the Board of Supervisors, provider agencies, EMCC, CQI committee, and County Chiefs Association.

Yolo County published and distributed an annual EMS and Emergency Preparedness report to all partners and key stakeholders. Yolo County EMS will continue to publish a yearly system status report.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue with current reporting cycles. Monitor and modify key benchmark indicators as needed.

OBJECTIVE:

Implement FirstPass for data collection and QA/QI.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by Advanced Life Support providers shall evaluate both base hospital (alternative base station) and pre-hospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's interfaced data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: *meets minimum standard*

There is a CQI process in place which is comprised of base hospital medical directors, base hospital nurse liaisons, and ambulance provider quality improvement coordinators in conjunction with agency staff. Yolo County will be implementing FirstPass for QI improvement and data collection.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Fund and maintain a process to provide feedback to prehospital personnel on patient outcomes.

OBJECTIVE:

Implement FirstPass for an ALS data system and audit field treatments on FirstPass. Fund and maintain a process to provide feedback to prehospital personnel on patient outcomes.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS Agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside the established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Both trauma centers utilize trauma registry software to gather and track trauma patient data. Quarterly data is submitted to this agency by the trauma centers. The Trauma Advisory Committee (TAC) meets bi-annually and is responsible for reviewing and evaluating the care of major trauma patients in the region. TAC provides an educational platform for both pre-hospital and hospital personnel. Improvements to system design operations are identified and recommended by the TAC. YEMSA participates in the Regional Trauma Advisory Committee (RTCC) and has implemented voluntary trauma transfer criteria established by the RTCC.

YEMSA is working on a way to identify patients who fall outside of the established criteria.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Data collection program/system that includes all non-trauma designated receiving facilities that receive trauma patients.

OBJECTIVE:

Continue to develop a data collection system that identifies all trauma patients regardless of initial destination. Continue utilizing the trauma registry and TAC to identify potential needs in the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS: *meets minimum standard*

The agency currently collects quarterly data from all designated trauma centers. Bi-annual data review by all TAC members is performed at its meetings. Additional information or details of specific cases are provided by the trauma centers as requested by the TAC or the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Establish linkage between pre-hospital data and the trauma registry system. This should include non-trauma center receiving facilities receiving trauma patients.

OBJECTIVE:

Develop standards for all receiving facilities in Yolo County and surrounding county facilities regarding data collection for trauma patients. Establish data linkage with CA EMSA on trauma data.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

PUBLIC INFORMATION AND EDUCATION
7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS Agency shall promote the development and dissemination of information materials for the public that addresses:

- Understanding of EMS system design and operation.
- Proper access to the system.
- Self-help (e.g., CPR, first aid, etc.).
- Patient and consumer rights as they relate to the EMS system.
- Health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- Appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its area.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS has either developed and/or disseminated information on basic first aid, CPR, system design and access, and disaster planning. The EMCC subcommittee is very active within the county. The agency has established a PIE "traveling kit" that will be used throughout the county at public safety and health oriented public events. PIE materials from the kit will be available for distribution at these events.

Any patient in the EMS system has a way to contact the EMS agency and the providers to appeal, ask questions, or give feedback about the services provided or the bill.

We have partnered with our Community Health Programs to target at-risk populations. The current focus area is fall prevention. Falls, especially among older adults, lead to increased ED utilization and hospital admissions in Yolo County.

YEMSA has implemented County-wide hands-only CPR training. In 2016 over 500 people were trained.

In 2016, Yolo County implemented PulsePoint Application countywide to support hands only CPR and CPR awareness. We partnered with local fire districts to develop and publish outreach for hands only CPR events.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Funding to support the components contained within this standard.

OBJECTIVE:

In coordination with primary care providers and other public safety agencies, develop and present education materials and programs regarding system access and utilization as described in the EMS system model. Develop funding to support growth within this standard.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

7.02 INJURY CONTROL

MINIMUM STANDARDS:

The local EMS Agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS: *meets minimum standard*

The agency is involved, as a component of the department of public health, in injury prevention and/or injury control efforts. The agency participates in the SafeKids program, and EMS system participants routinely participate in public safety (health) fairs at various locations concerning injury prevention and disease prevention programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Funding to continue the development and promotion of injury control education programs and programs targeted at high risk groups.

OBJECTIVE:

Expand the development and promotion of injury control education programs and programs targeted toward the general public and high risk groups with providers, hospitals and other organizations.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local Office of Emergency Services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: *meets minimum standard*

The agency has been involved with OES in promoting citizen disaster preparedness. Agency and staff members participate in public health preparedness programs.

COORDINATION WITH OTHER EMS AGENCIES:

As applicable with neighboring counties through coordination among the EMS system and EMS providers.

NEED(S):

Promote citizen disaster preparedness activities and collaborate with public health preparedness. Develop funding to support program.

OBJECTIVE:

In conjunction with public health preparedness, county OES coordinators, Red Cross, and other public safety agencies, continue to develop and promote citizen disaster preparedness activities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

The local EMS Agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved with high risk groups.

CURRENT STATUS: *meets minimum standard*

The agency has begun taking a lead in promoting CPR training for areas covered by the EOA franchise, per contractual requirement.

Yolo County EMS has implemented a countywide CPR and First Aid program. We are looking at other ways to partner with the community to deliver the class.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Establishment of citizen CPR and first aid training goals. We have trained over 500 members in the past year.

OBJECTIVE:

Develop the capacity to either provide or coordinate the provision of CPR and first aid training. Develop funding to support and grow the program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local Office of Emergency Services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Disaster medical planning is on-going. A response plan specific to toxic substance management is being developed. Agency staff is actively participating with local agencies, OES, and other allied agencies in disaster planning and preparedness. Staff members sit on various focus groups related to disaster planning and have actively participated in Homeland Security and HPP programs. Agency staff members also have been actively involved in the annual Statewide Health-Hospital Disaster exercise.

COORDINATION WITH OTHER EMS AGENCIES:

As needed with OES Regions III & IV.

NEED(S):

Ensure that the MCI plan meets the disaster medical response needs of the EMS system.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services (OES) multi-hazard function plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: *Meets minimum standard*

YEMSA, in partnership with local fire chiefs, ambulance providers, hospitals, law enforcement, OES, partnering county agencies, and Region IV, developed and drafted a Yolo County MCI plan that addresses an all-hazard approach. The plan was completed in 2015 and took effect in 2016 after all agencies had been trained on the new MCI Plan.

COORDINATION WITH OTHER EMS AGENCIES:

As needed, coordination exists between OES Regions III & IV, internal and external county partners, and all Yolo County and adjacent county agencies.

NEED(S):

Ensure that regional MCI Plans continue to meet the disaster medical response needs of the EMS system.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plans and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous material incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Partially meets minimum standard*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Personal Protection Equipment (PPE) for EMS is in place and is regularly practiced.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to maintain training coordination efforts for EMS providers throughout the region.

OBJECTIVE:

Ensure adequate training for EMS personnel regarding hazardous materials incidents. Determine hazardous material training levels or needs of EMS personnel.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

The local EMS Agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS: *meets minimum standard/meets recommended guidelines*

Yolo County's MCI Plan is based on the ICS. Agency staff members have completed all necessary training.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that all EMS personnel are trained in and understand ICS, MCI, SEMS, and NIMS.

OBJECTIVE:

Continue to offer the necessary trainings to new provider employee.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: *partially meets standard*

Regional patient distribution planning has been developed. "Surge capacity" benchmarks for hospitals and for the distribution of patients to specialty centers are in place. An Alternative Care Site (ACS) plan has been developed. The agency is reviewing its MCI plan, specifically patient distribution procedures, as part of this process.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring counties.

NEED(S):

Develop the procedures for distributing disaster casualties that functions effectively. Develop a local/regional Facilities Assessment Profiles document, which would identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

OBJECTIVE:

Monitor the distribution of disaster casualties and make changes, as needed, to ensure that patients are distributed to appropriate facilities. Create a facilities assessment profile for each hospital in the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.06 NEEDS ASSESMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS: *meets minimum standard*

Yolo County has adopted the Medical Health Operational Area Coordinator (MHOAC) Manual and the State Emergency Operation Manual (EOM). These plans include a process for assessing and communicating needs to OA EOCs, OES Regions II and IV, and state OES, DHS and EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the procedures for assessing medical needs in a disaster function effectively.

OBJECTIVE:

Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS Agency, in cooperation with the local Office of Emergency Services (OES), shall develop an inventory of appropriate disaster medical resources to respond to multi-causticity incidents.

CURRENT STATUS: *meets minimum standard*

There are EMS field/tactical frequencies, as well as several shared fire field/tactical frequencies which are broken down by zones.

Two-way radios and telephones, including landline, cellular and satellite phones, in addition to computer based programs, keep all hospitals and the Emergency Operations Center (EOC) in communication. ReddiNet, an internet based software, allows for hospitals and field communication. VHF and UHF frequency networks are in place for hospitals, ambulance providers, first responders, and dispatch centers. Cellular phones are required and/or prevalent among all system participants. The Everbridge notification system is used by the county, the PSAPs, and providers to provide rapid system notification and assessments.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with local OES, Fire, Law and EMS personnel.

NEED(S):

Work closely with stakeholders to ensure EMS inclusion in any long range and short-term communications system infrastructure upgrade and enhancements.

OBJECTIVE:

Maintain a dynamic, viable, and redundant EMS communications system for use during disasters.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS Agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: *meets minimum standards*

The MCI trailer is deployed in the county at the request of the Incident Commander (IC). This trailer ensures that EMS can handle a surge. Individual first responder agencies and EMS transport provider agencies are equipped with backboards, trauma kits, triage tags, O₂ kits, burn kits, and PPE. In addition to the MCI trailer, the Yolo County EMS Agency has additional medical surge supplies that can be deployed rapidly into the field.

In coordination with other county agencies an operational area inventory assessment is kept at OES and is updated on a regular basis.

COORDINATION WITH OTHER EMS AGENCIES:

Sharing of resources, per agreement.

NEED(S):

Annually update the disaster medical resource directory.

OBJECTIVE:

Update the disaster medical resource directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS Agency shall establish and maintain relationships with Disaster Medical Assistance Team (DMAT) teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: *meets minimum standard*

DMAT team with OES Region IV is functional. Planning by member counties occur at the regional disaster medical coordinator meetings.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Sustain our relationship with Region IV DMAT Team.

OBJECTIVE:

Sustain our relationships with other regional DMAT Teams.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.10 MUTAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure that existence of medical mutual aid agreements with other counties in its Office of Emergency Services (OES) region and elsewhere, as needed. These will ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be available during significant medical incidents and during period of extraordinary system demand.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *partially meets minimum standard*

Providers execute day-to-day mutual aid agreements with neighboring providers. The member counties of OES Region IV have attempted, and are attempting, to develop a master medical mutual aid agreement to be executed between counties and/or LEMSAs. A draft Regional Plan is out for execution, and Yolo County is in the process of getting Board signature.

COORDINATION WITH OTHER EMS AGENCIES:

As needed coordination within OES Region IV.

NEED(S):

Adoption of a master medical mutual aid agreement. Formalize existing day-to-day mutual aid operations that currently exist.

OBJECTIVE:

Continue the process of developing and adopting a master medical mutual aid agreement.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local Office of Emergency Services (OES) and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *partially meets minimum standard*

Several locations for Field Treatment Sites (FTS) have been identified. These sites have multi-use configurations, i.e., shelters, mass prophylaxis etc. Yolo County uses the State EMSA medical volunteer registry, disaster healthcare volunteers.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with local OES, ESFs, fire, law, and ambulance agencies in Yolo County and Sacramento County.

NEED(S):

Identify and establish plans regarding activation, staffing, and outfitting. Continue to modify and update as needed.

OBJECTIVE:

In conjunction with county OES and the health department, identify and establish plans regarding activation, staffing, and outfitting.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local Office of Emergency Services (OES), shall develop plans for establishing Causality Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *does not currently meet standard*

Several sites for CCPs exist; however, no formal plans have been developed for their activation, staffing or outfitting as CCP. There are plans in place for utilizing these sites as Point of Dispensing (POD), general shelters, and mass prophylaxis sites. Yolo County EMS is working with the County Health Department and Emergency Preparedness programs/units.

Communication is dependent on available resources. At minimum, every CCP will be connected and communicate via radio. If wireless is available, ReddiNet will be used for communication. CCP has been added to all plans and training exercises.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with OES and ESFs.

NEED(S):

Identify and establish plans regarding activation, staffing, and outfitting. Continue to modify and update as needed.

OBJECTIVE:

In conjunction with county OES and health department, identify and establish plans regarding activation, staffing, and outfitting.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS Agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS Agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: *meets minimum standard*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders, and training institutions conduct MCI training. Personal Protection Equipment for EMS providers is in place. Medical personnel roles are identified in OA hazmat response plans. In conjunction with the new all-hazard triage tags, practice "Triage Tag" orientation takes place regularly. The agency's MCI plan is updated to ensure compliance with ICS, SEMS, and NIMS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure a standard of training for EMS personnel in disaster medical response and the management of hazardous materials incidents.

OBJECTIVE:

Ensure an adequate number of field, hospital, and dispatch MCI courses are made available. Monitor and modify policies and provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness. Evaluate and train on the "new triage tag" and revised MCI Plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

The local EMS Agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one (1) disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: *meets minimum standards*

Staff has been working with the Health Department to conduct hospital training in ICS and CBRNE response. Hospitals conduct disaster exercises on an annual basis. Hospitals coordinate with the statewide EMSA annual hospital drill. Yolo County has developed a "hospital disaster planning group" as part of the HPP committee.

Yolo County EMS and Emergency Preparedness participates in evaluation of hospital drills on a regular basis.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of regional partners.

NEED(S):

All hospitals continue to refine their disaster plans for compatibility with OA disaster plans.

OBJECTIVE:

Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one (1) inter-agency disaster drill is conducted yearly.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS Agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Hospitals in Yolo County communicate via a VHF network and with the ReddiNet System. ReddiNet system is available for all Yolo County hospitals, as well as in neighboring counties, thus providing redundancy and ease of communication.

COORDINATION WITH OTHER EMS AGENCIES:

Through common radio channels, ReddiNet system, and inter county agreements.

NEED(S):

Continue to ensure the availability of inter-hospital medical communications and secure additional funding to update the current system and create a redundant system.

OBJECTIVE:

Enhance the communications plan, prioritize system repairs and upgrades, and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS Agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS Agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: *meets minimum standard*

Disaster medical planning occurs in the two (2) Yolo County based hospitals. The county utilizes an MCI Plan that is ICS, SEMS, and NIMS compatible. Hospitals have significant disaster mitigation supplies, including PPE, triage tags, and patient evacuation equipment. Pre-hospital providers and first responder agencies are equipped with PPE, triage tags, and medical equipment. The disaster plan is robust and practiced annually.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that providers and hospitals continue to effectively practice and use the MCI and disaster plans.

OBJECTIVE:

Monitor compliance and encourage regular participation at MCI and disaster training exercises.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS Agency shall ensure that policies and procedures allow ALS personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Procedures have been established with adjacent EMS systems through day-to-day mutual aid and reciprocity agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Ensure that policies and procedures exist to allow ALS personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents. Enact a mutual aid agreement within OES Region IV.

OBJECTIVE:

Monitor and modify the policies and procedures that allow EMS personnel from other EMS systems to respond and function during significant medical incidents and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.18 SPECIALITY CENTER ROLES

MINIMUM STANDARDS:

The local EMS Agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incident and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Both trauma centers and the Base Hospital are charged with coordinating disaster events.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Continue to refine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

OBJECTIVE:

When additional specialty centers are identified, develop a process to determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.19 WAVING ECLUSIVITY

MINIMUM STANDARDS:

The local EMS Agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Exclusive Operating Area (EOA) agreement contains language allowing Yolo County EMS to waive the exclusivity of an area or the county in the event of a significant medical incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the process continues to exist for the waiving of exclusivity in EOAs in the event of a significant medical incident occurrence.

OBJECTIVE:

Monitor the process for waiving exclusivity and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

TABLES

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2018

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100 %.)

County: Yolo

A. Basic Life Support (BLS)	<u>0 %</u>
B. Limited Advanced Life Support (LALS)	<u>0 %</u>
C. Advanced Life Support (ALS)	<u>100 %</u>

2. Type of agency
 - a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: Health and Human Service Agency**

3. The person responsible for day-to-day activities of the EMS agency reports to
 - a) Public Health Officer
 - b) Health Services Agency Director/Administrator**
 - c) Board of Directors
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u> </u>
Designation of other critical care centers	<u> </u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>

Table 2: System Organization and Management (continued)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 417,099.54
Contract Services (e.g. medical director)	\$ 119,300.00
Operations (e.g. copying, postage, facilities)	\$ 7,208.81
Travel	\$ 1,095.61
Fixed assets	
Indirect expenses (overhead)	\$ 194,843.29
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	
Other: IT Systems	
Other: _____	
Other: _____	
TOTAL EXPENSES	\$ 739,547.25

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund	
County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	\$ 38,747.02
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	\$ 5,000.00
Trauma center application fees	
Trauma center designation fees	\$ 125,000.00
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type: STEMI	\$ 28,000.00
Other critical care center designation fees	
Type: Stroke	\$ 19,000.00
Ambulance service/vehicle fees	
Contributions	\$ 47,685.00
EMS Fund (SB 12/612)	
Other grants: _____	
Other fees: _____	
Other (specify): Franchise Fee	\$ 300,000.00
TOTAL REVENUE	\$ 552,432.02

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.

Table 2: System Organization and Management (continued)

7. **Fee Structure**

 We do not charge any fees

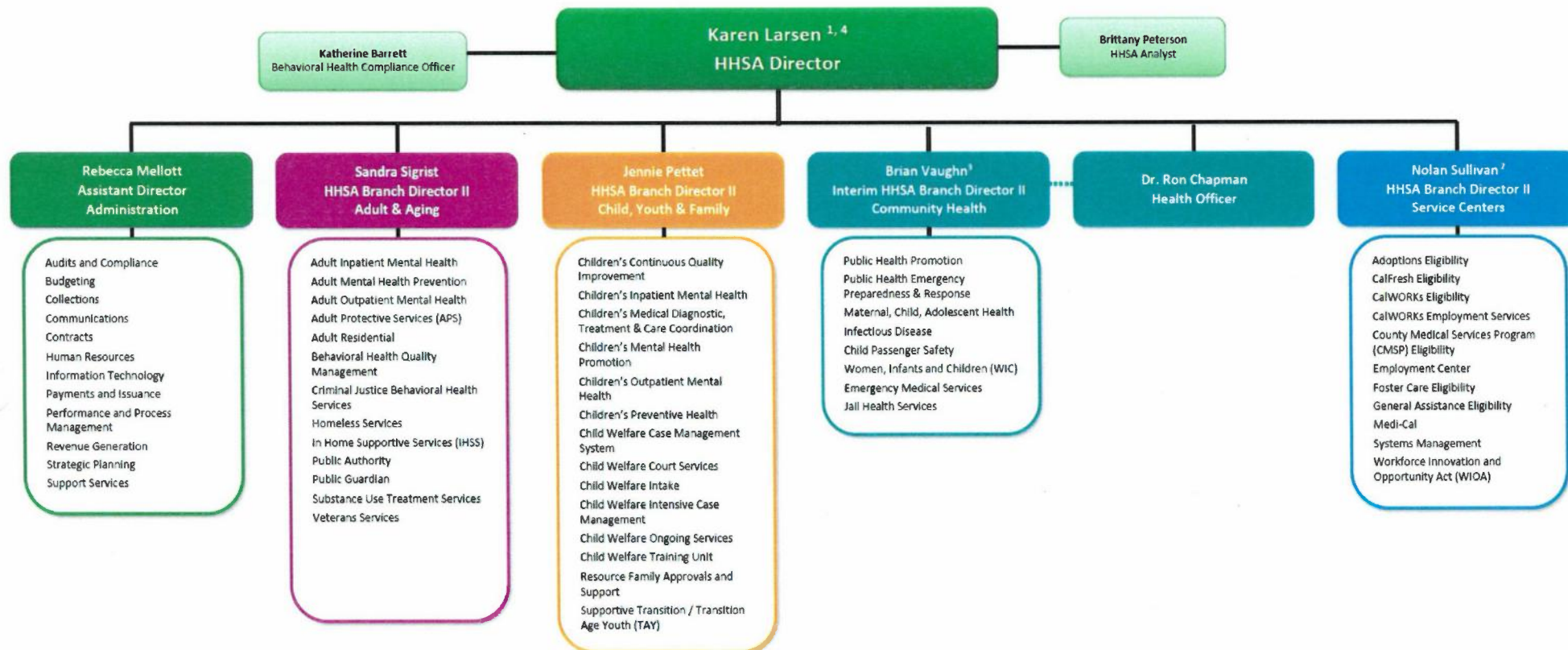
 X Our fee structure is:

First responder certification	<u>35.00</u>
EMS dispatcher certification	<u> </u>
EMT-I certification	<u>38.00</u>
EMT-I recertification	<u>38.00</u>
EMT-defibrillation certification	<u> </u>
EMT-defibrillation recertification	<u> </u>
AEMT certification	<u> </u>
AEMT recertification	<u> </u>
EMT-P accreditation	<u>53.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u> </u>
MICN/ARN recertification	<u> </u>
EMT-I training program approval	<u>5,000</u>
AEMT training program approval	<u> </u>
EMT-P training program approval	<u>25,000</u>
MICN/ARN training program approval	<u> </u>
Base hospital application	<u> </u>
Base hospital designation	<u>5,000</u>
Trauma center application	<u> </u>
Trauma center designation	<u>50,000/75,000</u>
Pediatric facility approval	<u> </u>
Pediatric facility designation	<u> </u>
Other critical care center application	<u> </u>
Type: STEMI	<u>7,000</u>
Other critical care center designation	<u> </u>
Type: <u>Stroke</u>	<u>5,000</u>
Ambulance service license	<u> </u>
Ambulance vehicle permit	<u>2,000</u>
Other: <u> </u>	<u> </u>
Other: <u> </u>	<u> </u>
Other: <u> </u>	<u> </u>

Table 2: System Organization and Management (continued)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of SALARY)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	65.71	35.19	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	1.0	42.79	41.32	
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director				Contracted
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	EMS Specialist II	0.5	31.01	23.36	
Public Info. & Education Coordinator					
Executive Secretary	EMS Specialist I	0.7	33.74	33.94	
Other Clerical					
Data Entry Clerk					
Other	EMS Specialist II	0.5	35.97	22.74	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure



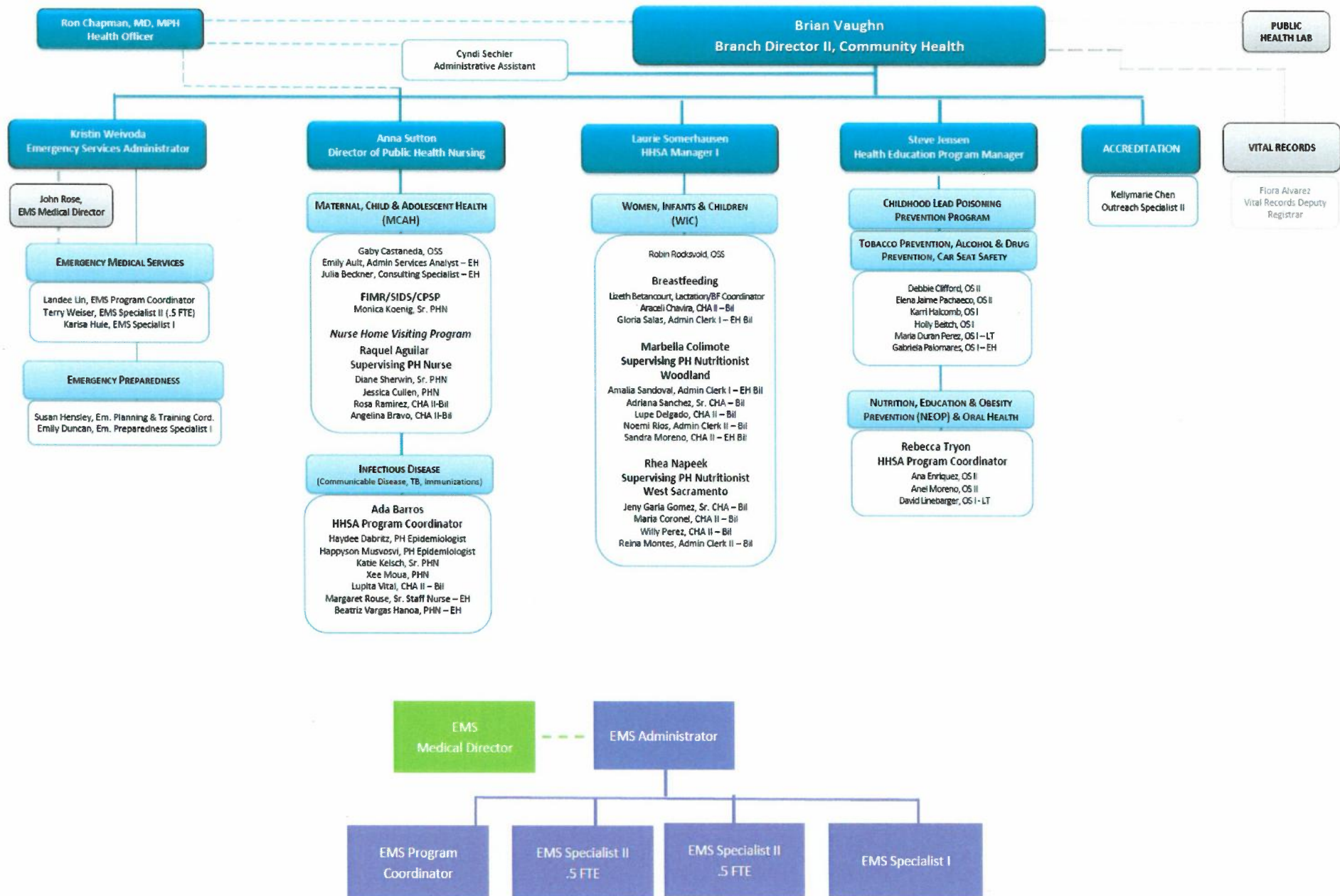


TABLE 3: STAFFING/TRAINING

Reporting Year: 2017/2018**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	253	0		0
Number newly certified this year	136	0		0
Number recertified this year	117	0		0
Total number of accredited personnel on July 1 of the reporting year	253	0	127	0
Number of certification reviews resulting in:				
a) formal investigations	3	0		0
b) probation	4	0	0	0
c) suspensions	1	0	0	0
d) revocations	1	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	0	0	0	0

1. Early defibrillation:
 - a) Number of EMT-I (defib) authorized to use AEDs 253
 - b) Number of public safety (defib) certified (non-EMT-I) 16
2. Do you have an EMR training program Yes

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Yolo County

Reporting Year: 2017

- | | | |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | <u>2</u> |
| 2. | Number of secondary PSAPs | <u>1</u> |
| 3. | Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. | Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. | Who is your primary dispatch agency for day-to-day emergencies?
<u>Yolo Emergency Communication Center & City of Davis Dispatch Center</u> | |
| 7. | Who is your primary dispatch agency for a disaster?
<u>Yolo Emergency Communication Center</u> | |
| 8. | Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. | Radio primary frequency <u>155.235</u> | |
| b. | Other methods <u>CALCORD, VHF, UHF</u> | |
| c. | Can all medical response units communicate on the same disaster communications system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. | Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. | Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | |
| 1) | Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2018

Note: Table 5 is to be reported by agency.

EARLY DEFIBRILLATION PROVIDERS

1. Number of EMT-Defibrillation providers 18

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Early defibrillation responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Advanced life support responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Transport Ambulance	8 minutes**	15 minutes**	30 minutes**	8 minutes**

* No standardized response guidelines or data collection

** Based on exclusive operating agreement

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2017

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>437</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>425</u>
3. Number of major trauma patients transferred to a trauma center	<u>unkn</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>4</u>

Emergency Departments

1. Total number of emergency departments	<u>2</u>
2. Number of referral emergency services	<u>0</u>
3. Number of standby emergency services	<u>0</u>
4. Number of basic emergency services	<u>2</u>
5. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>15</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

County: Yolo County

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? High schools, middle schools, churches, fairgrounds, UC Davis
 - b. How are they staffed? DHV, Red Cross, PH staff, EMS participants
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 7
3. Have you tested your MCI Plan this year in a:
 - a. Real Event? ☒ Yes ☐ No
 - b. Exercise? ☐ Yes ☒ No

Table 7: Disaster Medical (continued)

4. List all counties with which you have a written medical mutual aid agreement:
Sacramento, Solano, Napa
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Department of Health Services
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 8: RESPONSE/TRANSPORTATION/PROVIDERS

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: Yocha Dehe Fire Department Response Zone: Moderate

Address: 14170 Golf Course Drive Number of Ambulance Vehicles in Fleet: 0
Brooks, CA 95606

Phone Number: 530-796-2500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**TRIBAL COUNCIL
RESOLUTION NO. TC-07-16-19-01**

**RATIFYING AGREEMENT BETWEEN YOCHA DEHE WINTUN NATION AND
YOLO EMERGENCY MEDICAL SERVICES AGENCY FOR YOCHA DEHE FIRE DEPARTMENT
TO PROVIDE EMERGENCY MEDICAL SERVICES**

WHEREAS, the Yocha Dehe Wintun Nation is a sovereign Native American government recognized by the United States (the "Tribe" or "Yocha Dehe");

WHEREAS, the Tribal Council is the Tribe's governing body under Yocha Dehe's Constitution, possessing the power to exercise and strengthen the Tribe's sovereign authority; to protect and support tribal citizens' health and welfare; to plan and manage the Tribe's economic and governmental affairs; to govern and protect the Tribe's lands and natural resources; to protect and cultivate the Tribe's cultural traditions, practices, and resources; and to establish and enforce tribal law and policy through the creation and oversight of subordinate bodies, legislative enactment of tribal ordinances, and executive action as reflected in tribal resolutions and otherwise;

WHEREAS, the Tribal Council has established a fire department, the Yocha Dehe Fire Department ("YDFD"), to provide fire protection and emergency services for tribal citizens, patrons and employees of the Cache Creek Casino Resort, government employees, as well as the surrounding community;

WHEREAS, the Fire Commission is a subordinate governmental body that ensures the proper and efficient operation of the Department;

WHEREAS, the YDFD wishes to establish an agreement with the Yolo Emergency Medical Services Agency ("YEMSA") to oversee the department's emergency medical services system ("Agreement"), which includes providing 100% coverage 24 hours a day, 365 days a year with Advanced Life Support ("ALS") First Response units in the YDFD's jurisdiction; responding to all requests for aid or assistance within the operating area jurisdiction, and participating in the development of value-added services as may be needed to maintain the fiscal and service viability of YEMSA;

WHEREAS, the term of said Agreement commences August 1, 2019 and expires on July 31, 2024;

WHEREAS, the Agreement calls for all YDFD insurance policies, with the exception of Workers Compensation, to name Yolo County, its officers, agents, employees, and volunteers, individually and collectively, as an additional insured; for any liability that arises from or relates to the activities of the YDFD performed pursuant to the Agreement; and, further, coverage for additional insured will apply as primary insurance, and any other insurance, or self-insurance, maintained by YEMSA and will be excess and will not contribute to insurance provided under YDFD policies;

WHEREAS, at its June 24, 2019 meeting, the Fire Commission approved the Agreement and directed the YDFD to submit the Agreement to Tribal Council for final approval;

WHEREAS, the Tribe's legal counsel has reviewed the proposed Agreement, a copy of which is attached hereto and approved same as to form;

NOW THEREFORE BE IT RESOLVED THAT:

The Tribal Council hereby ratifies the Agreement between the Yocha Dehe Fire Department and Yolo Emergency Medical Services Agency for provision of emergency medical services;

NOW BE IT FURTHER RESOLVED:

The Tribal Council authorizes the Chairman; or, in his absence, another Tribal Council officer to execute said Agreement.

CERTIFICATION

The foregoing resolution was adopted by a vote of 5 for 0 against and 0 abstentions, at a regularly scheduled meeting of the Tribal Council, at which a quorum was present, on the 16th day of July, 2019.



Anthony Roberts
Tribal Chairman



James Kinter
Tribal Secretary

AGREEMENT

(FIRST RESPONSE ADVANCED LIFE SUPPORT (ALS) NON- TRANSPORTING)

THIS AGREEMENT ("Agreement") is made and entered into as of the _____ day of _____, 2019 by and between the County of Yolo, a political subdivision of the State of California ("COUNTY"), by and through its Yolo County Emergency Medical Service Agency ("YEMSA") and, Yocha Dehe Wintun Nation Fire Department ("CONTRACTOR").

- I. The term of this Agreement is: **August 1, 2019** through **July 31, 2024** unless extended or terminated as provided for in Exhibit C Terms and Conditions.
- II. CONTRACTOR shall perform First Response Advanced Life Support (ALS) Non-Transporting Medical Services specified in Exhibit B Scope of Services.
- III. There is no compensation or fee to be paid by CONTRACTOR or COUNTY. COUNTY shall not compensate CONTRACTOR for any services provided under or in connection with the Agreement. COUNTY shall not be liable for any costs or expenses incurred by CONTRACTOR to satisfy CONTRACTOR's responsibilities under this Agreement, including any costs or expenses incurred by CONTRACTOR for services provided to patients lacking the ability to pay for services.
- IV. The complete Agreement shall include the following Exhibits attached hereto and incorporated herein by this reference:

Exhibit A: Definitions
Exhibit B: Scope of Services
Exhibit C: Terms and Conditions

As used in each Exhibit, the term "Agreement" refers collectively to the Exhibits and this cover page, which taken together shall constitute a single binding Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first written above by affixing their signatures hereafter.

CONTRACTOR:

By: Anthony Roberts
Anthony Roberts, Tribal Chairman
Yocha Dehe Wintun Nation

Date: 7/17/19

Approved as to Form:

Paula Yost
Paula Yost, YDWN General Counsel

COUNTY:

By: Karen Larsen
Karen Larsen, Director
Health and Human Services Agency

Date: 7/31/19

Approved as to Form:
Philip J. Pogledich, County Counsel

By: Carrie Scarlata
Carrie Scarlata, Asst. County Counsel

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** U.C. Davis Fire Department **Response Zone:** High & Moderate

Address: 1 Shields Ave **Number of Ambulance Vehicles in Fleet:** 0
Davis, CA 95616

Phone Number: 530-752-1236 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** City of Davis Fire Department **Response Zone:** High, Moderate, & Low

Address: 530 Fifth Street
Davis, CA 95616

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-757-5684

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Willow Oak Fire Protection District **Response Zone:** High & Moderate

Address: 18111 County Road 94B **Number of Ambulance Vehicles in Fleet:** 0
Woodland, CA 95695

Phone Number: 530-662-0781 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Yolo Fire Protection District **Response Zone:** High & Moderate

Address: 37720 Sacramento Street **Number of Ambulance Vehicles in Fleet:** 0
Yolo, CA 95697

Phone Number: 530-662-0566 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Knights Landing Fire Protection Dist **Response Zone:** Moderate & Low

Address: 42115 Sixth Street **Number of Ambulance Vehicles in Fleet:** 0
Knights Landing, CA 95645

Phone Number: 530-735-6409 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County	Provider: Zamora Fire Protection District	Response Zone: Moderate, Moderate-Low & Low
Address: 33715 1 st Street Zamora, CA 95698	Number of Ambulance Vehicles in Fleet: 0	
Phone Number: 530-662-8892	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0	

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Dunnigan Fire Protection District **Response Zone:** Moderate-Low & Low

Address: 29145 Main Street **Number of Ambulance Vehicles in Fleet:** 0
Dunnigan, CA 95937

Phone Number: 530-724-3515 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Madison Fire Protection District **Response Zone:** High & Moderate

Address: 17880 Stephens Street **Number of Ambulance Vehicles in Fleet:** 0
Madison, CA 95653

Phone Number: 530-662-5745 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Esparto Fire Protection District **Response Zone:** Moderate & Low

Address: 16960 Yolo Ave.
Esparto, CA 95627

Phone Number: 530-787-3300

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Capay Valley Fire Protection District **Response Zone:** Moderate & Low

Address: 7447 State Highway 16
Brooks, CA 95637

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-796-3300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Winters Fire Department **Response Zone:** High, Moderate & Low

Address: 700 Main Street
Winters, CA 95694

Phone Number: 530-795-4131

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** West Plainfield Fire Protection Dis. **Response Zone:** Moderate

Address: 24901 County Road 95 **Number of Ambulance Vehicles in Fleet:** 0
Davis, CA 95616

Phone **Average Number of Ambulances on Duty**
Number: 530-756-0212 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Clarksburg Fire Protection District **Response Zone:** Moderate & Moderate-Low

Address: 52902 Clarksburg Road **Number of Ambulance Vehicles in Fleet:** 0
Clarksburg, CA 95612

Phone Number: 916-744-1700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Elkhorn Fire District **Response Zone:** High, Moderate, & Low

Address: 19756 Old River Road **Number of Ambulance Vehicles in Fleet:** 0
West Sacramento, CA 95691

Phone Number: 916-425-1766 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Woodland Fire Department **Response Zone:** High, Moderate, & Low

Address: 532 Court Street
Woodland, CA 95695

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-661-5860

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** City of West Sacramento Fire Dept. **Response Zone:** High & Moderate

Address: 1110 West Capitol Ave. **Number of Ambulance Vehicles in Fleet:** 0
West Sacramento, CA 95691

Phone Number: 916-617-4608 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** CalFire Brooks **Response Zone:** Moderate

Address: 14023 Highway 16 **Number of Ambulance Vehicles in Fleet:** 0
Brooks, CA 95606

Phone **Average Number of Ambulances on Duty**
Number: 530-796-3506 **At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** NorCal Ambulance **Response Zone:** IFT - BLS

Address: 1815 Stockton Blvd. **Number of Ambulance Vehicles in Fleet:** 3
Sacramento, CA 95816

Phone **Average Number of Ambulances on Duty**
Number: 530-796-3506 **At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

4 Total number of responses
 Number of emergency responses
4 Number of non-emergency responses

4 Total number of transports
 Number of emergency transports
4 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** American Medical Response **Response Zone:** Yolo - Entire County

Address: 1041 Fee Drive
Sacramento, CA 95815

Phone Number: 916-563-0615

Number of Ambulance Vehicles in Fleet: 26

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 11

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

22,481 Total number of responses
21,372 Number of emergency responses
1,109 Number of non-emergency responses

16,366 Total number of transports
15,334 Number of emergency transports
1,032 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Sacramento-Valley Ambulance **Response Zone:** IFT - BLS

Address: 6220 Belleau Wood Lane #4 **Number of Ambulance Vehicles in Fleet:** 7
Sacramento, CA 95822

Phone Number: 916-736-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Pro-Transport 1 **Response Zone:** IFT - BLS

Address: 191 Lathrop Way **Number of Ambulance Vehicles in Fleet:** 29
Sacramento, CA 95815

Phone **Average Number of Ambulances on Duty**
Number: 916-922-5002 **At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

843 Total number of responses
0 Number of emergency responses
843 Number of non-emergency responses

810 Total number of transports
0 Number of emergency transports
810 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** Falk Northern California **Response Zone:** IFT - BLS

Address: 2190 South McDowell Blvd. **Number of Ambulance Vehicles in Fleet:** 4
Petaluma, CA 94954

Phone Number: 707-766-2404 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

73 Total number of responses
0 Number of emergency responses
73 Number of non-emergency responses

67 Total number of transports
0 Number of emergency transports
67 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County Provider: Bay Medic Response Zone: IFT - BLS

Address: 959 Detroit Ave Number of Ambulance Vehicles in Fleet: 11
Concord, CA 94518

Phone Number: 925-689-9000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

5 Total number of responses
0 Number of emergency responses
5 Number of non-emergency responses

5 Total number of transports
0 Number of emergency transports
5 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yolo County **Provider:** REACH Air Medical/CALSTAR **Response Zone:** All

Address: 4933 Bailey Loop **Number of Ambulance Vehicles in Fleet:** 5
McClellan, CA 95652

Phone **Average Number of Ambulances on Duty**
Number: 916-421-4016 **At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

208 Total number of responses
194 Number of emergency responses
14 Number of non-emergency responses

43 Total number of transports
31 Number of emergency transports
12 Number of non-emergency transports

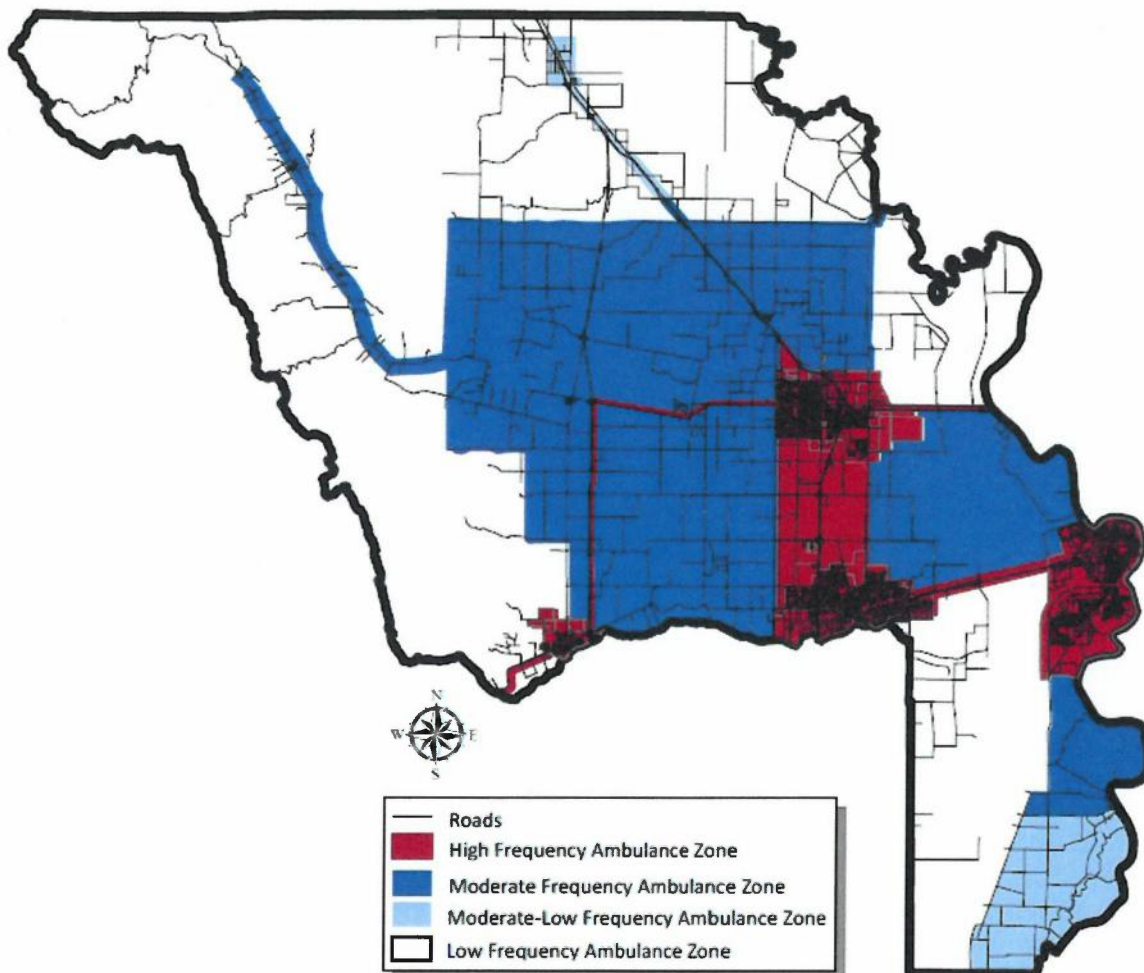
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Yolo County EMS Agency (YEMSA)
Area or subarea (Zone) Name or Title: Yolo County
Name of Current Provider(s): American Medical Response
Area or subarea (Zone) Geographic Description: Yolo County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Exclusive Operating Area as of March 1, 2014
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance Service of 9-1-1, 7-digit, ALS interfacility, and CCT
Method to achieve Exclusivity, if applicable (HS 1797.224): RFP was issued on July 1, 2013. Deadline for written questions July 12, 2013. Proposal conference August 2, 2013. Proposals due September 6, 2013. Proposal review period September 9 th 2013 – October 4 th , 2013. Notice of intent to award October 25 th , 2013. Negotiation period was October 28 th , 2013 – December 31, 2013. Protest deadline November 1, 2013. Agreement, implementation March 1, 2014. A five year extension offer was sent to American Medical Response on July 15, 2017 in pursuant to section II.B of the EOA contract. The five year extension offer was accepted by American Medical Response, and the five year extension went to the County Board of Supervisors in February 2019, extending the contract until January 31, 2024.

YOLO COUNTY EOA AMBULANCE RESPONSE ZONES

Yolo County EOA Ambulance Response Zones



BOARD OF SUPERVISORS
Yolo County, California

Date: February 26, 2019

To: HHSA ✓
Fin. Svcs. ✓

32.

Approve first amendment to Agreement No. 14-25 with American Medical Response West, d.b.a. American Medical Response to extend the term for an additional five years for the provision of emergency ambulance services, advanced life support services, and critical care transport services; and increase maximum compensation for a new contract amount of \$3,000,000 for the County of Yolo expenses in administering this agreement for the period February 1, 2014 through February 28, 2024. (No general fund impact) (Larsen)

Minute Order No. 19-37: Approved the following recommended action:

- A. **Agreement No. 19-32**, first amendment to Agreement No. 14-25 with American Medical Response West, d.b.a. American Medical Response to extend the term for an additional five years for the provision of emergency ambulance services advanced life support services, and critical care transport services; and increase maximum compensation for a new contract amount of \$3,000,000 for the County of Yolo expenses in administering this agreement for the period February 1, 2014 through February 28, 2024; and
- B. Delegated authority to the Director of Health and Human Services Agency and/or her/his designee to sign and execute any additional forms, documents and/or amendments as necessary relating to this agreement, provided there are no significant programmatic or financial changes.

MOVED BY: Villegas / SECONDED BY: Provenza
AYES: Sandy, Provenza, Chamberlain, Villegas, Saylor
NOES: None
ABSTAIN: None
ABSENT: None



County of Yolo

www.yolocounty.org

To: The Chair and Members of the Board of Supervisors

Regular-Health & Human Services # 32.

Board of Supervisors

Community Health

Meeting Date: 02/26/2019

Brief Title: American Medical Response 911 Ambulance ALS and CCT Inter-facility

From: Karen Larsen, Director, Health and Human Services Agency

Staff Contact: Brian Vaughn, Community Health Branch Director, Health and Human Services Agency, x8771

Subject

Approve first amendment to Agreement No. 14-25 with American Medical Response West, d.b.a. American Medical Response to extend the term for an additional five years for the provision of emergency ambulance services, advanced life support services, and critical care transport services; and increase maximum compensation for a new contract amount of \$3,000,000 for the County of Yolo expenses in administering this agreement for the period February 1, 2014 through February 28, 2024. (No general fund impact) (Larsen)

Recommended Action

- A. Approve first amendment to Agreement No. 14-25 with American Medical Response West, d.b.a. American Medical Response to extend the term for an additional five years for the provision of emergency ambulance services advanced life support services, and critical care transport services; and increase maximum compensation for a new contract amount of \$3,000,000 for the County of Yolo expenses in administering this agreement for the period February 1, 2014 through February 28, 2024; and
- B. Delegate authority to the Director of Health and Human Services Agency and/or her/his designee to sign and execute any additional forms, documents and/or amendments as necessary relating to this agreement, provided there are no significant programmatic or financial changes.

Strategic Plan Goal(s)

Operational Excellence
Thriving Residents
Safe Communities

Reason for Recommended Action/Background

Pursuant to Division 2.5 of the California Health & Safety Code ("Health & Safety Code"), the County has designated the Yolo County Health Department (now a part of the Health and Human Services Agency) to be the Local Emergency Medical Services Agency ("LEMSA") for the purpose of the administration of emergency medical services ("EMS") within the County.

Division 2.5 of the Health and Safety Code confers specific authorities and responsibilities upon a LEMSAs, including but not limited to developing a local plan through which it may establish one or more exclusive operating areas ("EOAs") and, through a competitive process approved by the State Emergency Medical Services Authority ("State EMS Authority"), contracting with one or more ambulance providers for the provision of ambulance services in the designated EOA or EOAs pursuant to the local plan.

Yolo County EMS Agency ("YEMSA") has developed a local plan, approved by the State EMS Authority, for the establishment of a single EOA covering the entire County, and the selection of a single ambulance provider to provide specified ambulance services, including Emergency Ambulance Services, ALS services, and CCT services for all areas within the EOA.

On February 25, 2014, the original contract with American Medical Response was approved by the Board awarding complete exclusivity of the emergency ambulance services, advanced life support (ALS), and critical care transport (CCT) for a five (5) year period, with an optional (5) years extension.

This renewal agreement will allow these services to continue with American Medical Response for an additional five (5) years.

Collaborations (including Board advisory groups and external partner agencies)

County Counsel has approved this Agreement as to form.

Yolo County Fire Chiefs

Yolo County Emergency Medical Care Committee (EMCC)

Woodland Memorial Hospital

Sutter Davis Hospital

American Medical Response

Competitive Bid Process

On July 1, 2013, YEMSA started the procurement process seeking a qualified and experienced provider to furnish emergency ambulance, advanced life support, and critical care transport.

On February 25, 2014, at its regular meeting, the Yolo County Board of Supervisors issued the Contract Award to American Medical Response after determining this provider had submitted the proposal that attained the highest over-all point score under the RFP scoring methodology and best serves the overall interests of the County.

Fiscal Information

No Fiscal Impact

Fiscal Impact of this Expenditure

Total cost of recommended action

Amount budgeted for expenditure

Additional expenditure authority needed \$0

One-time commitment Yes

Source of Funds for this Expenditure

General Fund \$0

Further explanation as needed

No general funds are required by this action. This agreement will generate revenue for YEMSA to cover costs of administration, compliance, and reinvestment in emergency services for the county. The related funding will be included in the requested budget process for future fiscal years.

The following is the breakdown of funding for this agreement.

March 1, 2014 through February 29, 2015 - \$300,000
March 1, 2015 through February 29, 2016 - \$300,000
March 1, 2016 through February 29, 2017 - \$300,000
March 1, 2017 through February 29, 2018 - \$300,000
March 1, 2018 through February 29, 2019 - \$300,000
March 1, 2019 through February 29, 2020 - \$300,000
March 1, 2020 through February 28, 2021 - \$300,000
March 1, 2021 through February 28, 2022 - \$300,000
March 1, 2022 through February 28, 2023 - \$300,000
March 1, 2023 through February 29, 2024 - \$300,000
Total \$3,000,000

Attachments

Att. A. Agreement

Att. B. Presentation

Form Review

Inbox

Karen Larsen

Carolyn Jhaji

Financial Services

County Counsel

Form Started By: Chris Contreras

Reviewed By

Karen Larsen

Carolyn Jhaji

Tom Haynes

Carrie Scarlata

Date

02/13/2019 07:18 PM

02/15/2019 02:20 PM

02/18/2019 11:36 AM

02/19/2019 08:36 AM

Started On: 02/15/2018 03:49 PM

Final Approval Date: 02/19/2019

Yolo County Agreement No. 19-32

FIRST AMENDMENT TO AGREEMENT NO. 14-25

MAR 05 2019
 BY Rupita Ramirez
 DEPUTY CLERK OF THE BOARD

This First Amendment to Agreement No. 14-25 ("First Amendment") is made and entered into as of February 26, 2019 by and between the County of Yolo, a political subdivision of the State of California, ("County") and American Medical Response West d/b/a American Medical Response, ("Contractor"), as stated below.

RECITALS:

WHEREAS, on or about March 1, 2013, the parties entered into Agreement No. 14-25 ("Agreement") for the provision of emergency ambulance services, advanced life support, and critical care transport by Contractor; and

WHEREAS, the parties would now like to amend the Agreement to extend the term for an additional five years, increase maximum compensation and to add data requirements, on the terms and conditions set forth below.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. Effective as of February 1, 2019, the Agreement is deleted in its entirety and replaced with the agreement attached to and incorporated into this First Amendment as Attachment A.

2. By signing this First Amendment, the signatories warrant and represent that he/she executed this First Amendment in his/her authorized capacity and that by his/her signature on this First Amendment, he/she or the entity upon behalf of which he/she acted, executed this First Amendment.

IN WITNESS WHEREOF, the parties have executed this First Amendment as of the day and year first set forth above.

CONTRACTOR

American Medical Response West

DocuSigned by:
 By: Edward Van Horne
 Edward Van Horne
 President and CEO

Approved as to Form:
 Philip J. Pogledich, County Counsel

By: Carrie Scarlata
 Carrie Scarlata, Asst. County Counsel

COUNTY
 County of Yolo

By: Don Saylor
 Don Saylor, Chair
 Board of Supervisors
Karen Larsen
 Karen Larsen, Director
 Health and Human Services Agency

Attest:
 Julie Daehler, Deputy Clerk
 Board of Supervisors

By: Rupita Ramirez
 Deputy Clerk



Attachment A
AGREEMENT

I. DEFINITIONS

- A. The following definitions and acronyms shall apply to this Agreement unless the context clearly requires a different meaning:
1. Advanced Life Support or ALS means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an Emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
 2. Ambulance means a transportation vehicle specially constructed, modified, equipped and used for the purpose of urgent transportation of sick, injured, convalescent, infirm, or otherwise incapacitated persons who may require immediate measures to prevent loss of life or worsening of a traumatic injury or illness, or have sudden need of medical attention. Ambulance transportation does not include the transportation of persons in a Litter Van or Wheelchair Van.
 3. Basic Life Support or BLS means emergency first aid and cardiopulmonary resuscitation procedures that, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.
 4. Board means the Yolo County Board of Supervisors.
 5. Computer Aided Dispatch or CAD is a system of computer hardware and software that facilitates call taking, resource dispatch and deployment, dispatch and unit times' documentation, creating a real time maintenance of incidents, data base and management information system.

6. Contract Administrator is the YEMSA staff member designated from time-to-time by the Director as the contract administrator for this Agreement.
7. County means the County of Yolo. For purposes of this Agreement County and YEMSA are used interchangeably except where the context clearly indicates otherwise.
8. County Designated Medical Dispatch Center is a communications center that provides dispatch and communication services to First Responders and/or permitted BLS and/or ALS Ambulance providers. Only emergency medical dispatch centers designated by YEMSA may provide emergency medical dispatching for the County EMS System.
9. Critical Care Transport or CCT means "Specialty Care Transport" as defined in 42 C.F.R. § 414.605.
10. Department means the Yolo County Health and Human Services Agency.
11. Director means the Director of the Yolo County Health and Human Services Agency.
12. Effective Date means 12:00 a.m. on March 1, 2019.
13. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel or a public safety agency.
14. Emergency Ambulance means an Ambulance that responds to Emergency requests for service received via 9-1-1 Public Safety Answering Points or seven-digit numbers.
15. Emergency Ambulance Services includes Ambulance services in response to all calls originating in the County through the 9-1-1 system, all calls originating in the County through a seven-digit number or other means seeking an Ambulance response to an Emergency.
16. Emergency Call means a 9-1-1 or seven-digit number call requesting an Ambulance response to an Emergency.
17. Emergency Medical Technician-Basic or EMT means an individual trained and certified in basic life support care in accordance with the provisions contained in the California Code of Regulations, Title 22, Division 9, Chapter 2, *et seq.*

18. Emergency Medical Technician- Paramedic or EMT-P or Paramedic means an individual trained and accredited in advanced life support care in accordance with the provisions contained in the California Code of Regulations, Title 22, Division 9, Chapter 4, *et seq.* and accredited by the County.
19. EMS means Emergency Medical Services.
20. EMS Medical Director means the physician, pursuant to Health and Safety Code Section 1798, charged with the Medical Control and management of the County EMS System.
21. EMS System means a specially organized arrangement which provides for the personnel, facilities, and equipment for the effective and coordinated delivery in an EMS area of medical care services under emergency conditions.
22. ERZ means Emergency Response Zone.
23. Exclusive Operating Area or EOA means all areas, both incorporated and unincorporated, within the geographic boundaries of the County of Yolo.
24. First Responder Agency means non-transport capable type of service provider that responds to Emergency requests for service received via 9-1-1 public safety answering points (PSAPs) or 7- digit numbers. These services are generally performed by public safety agencies.
25. First Responder means a person, such as a police officer or firefighter, who is trained in urgent medical care and other emergency procedures and responds quickly to Emergency medical events or disasters.
26. Lame Duck Period means the period of this Agreement between the identification of the successor and the end of this Agreement.
27. Local EMS Agency or LEMSA means the agency, department, or office having primary responsibility for administration of EMS in a county and which is designated pursuant to Division 2.5 of the Health and Safety Code, commencing with Section 1797.200.
28. Medical Control means the medical management of the EMS System as defined in Health and Safety Code Section 1797.90 to

include call receipt and routing of EMS calls from primary and secondary public safety answering points (PSAPs).

29. Medical Direction means direction given to prehospital EMS personnel, in accordance with the LEMSA's policy, by the EMS Medical Director, through standing orders, or through direct voice contact with a base hospital physician or with an approved or accredited emergency department staff with or without vital sign or other telemetry.
 30. Medical Protocol means any written statement of standard procedure, or algorithm, promulgated by YEMSA as the accepted standard of prehospital care for a given clinical condition.
 31. Multi-Casualty Incident or MCI means an Emergency incident or event where the number of patients exceeds the normal emergency response capabilities of the County EMS System or as defined in the County's MCI Plan.
 32. Personal Protective Equipment or PPE means protective clothing, helmets, goggles, and other garments or equipment used to protect the wearer's body from exposure to any substance that may be considered hazardous or cause the wearer harm.
 33. PSAP means public safety answering point.
 34. Request for Proposal or RFP means the request for proposal for Emergency Ambulance Services, ALS services (including ALS interfacility transports) and CCT services and EMS System performance specifications issued by the County on July 1, 2013, RFP # YEMSARFP2013.
 35. Response Time or Response Interval means the time interval commencing with the receipt of a request for service by an Ambulance service provider until the Ambulance operated by the service provider reports that it has arrived and has come to a complete stop at the scene, site or place of the request.
 36. YECA means the Yolo Emergency Communications Agency.
 37. YEMSA means the Yolo County EMS Agency.
- B. Additional Statutory and Regulatory Definitions included in California Code of Regulations, Title 22, Division 9, Chapters 1-9 and Division 2.5, Chapters 2-11 of the California Health and Safety Code, shall apply to this Agreement unless this Agreement states or the context clearly requires otherwise.

II. TERM; EXTENSIONS; FRANCHISE FEE

- A. Term of Agreement. This Agreement shall be effective as of 12:00 a.m. **February 1, 2014**, and shall be in force and effect until 12:00 a.m. **February 28, 2024**.

III. PRIMARY EOA RESPONSIBILITIES

- A. Contractor's Functional Responsibilities. In consideration of the exclusive right to provide Emergency Ambulance Services, ALS services (including ALS interfacility transports) and CCT services originating within the EOA, Contractor shall provide such services in accordance with the requirements of this Agreement, the RFP except as superseded by this Agreement, and federal, California State, and County law and all regulations promulgated thereunder including any amendments or revisions thereto. The California laws and regulations include, but are not limited to, the following:

1. The California Vehicle Code.
2. The Health and Safety Code, Division 2.5, Chapter 2, Section 1797 *et seq.*
3. Title 13 of the California Code of Regulations.
4. Title 22 of the California Code of Regulations.
5. The California Business and Professions Code.
6. The Yolo County Ambulance Ordinance.
 - a. Cooperation. In performing services under this Agreement, Contractor shall work cooperatively with the County through the Contract Administrator.
 - b. Designation of Liaison. Contractor shall designate in writing one or more persons who shall be assigned as a liaison to the County to address day-to-day performance issues and Contractor's performance under this Agreement.
 - c. Impairment of Ability to Render Service. Contractor shall immediately notify YEMSA of any major incident or event that may impact its ability to render services under this Agreement.
 - d. Publication of Contractor's Performance. The County may, from time to time, publish information on Contractor performance as deemed appropriate by the County.

- B. **Basic Services.** Contractor shall also perform the following basic services to the complete satisfaction of YEMSA:
1. **Around-the-Clock Services.** Contractor shall provide continuous, around around-the-clock, Emergency Ambulance Services, whether originating through 9-1-1 or otherwise, ALS services, and CCT services, without interruption throughout the term of this Agreement. Contractor shall be responsible for furnishing all such services for all residents and other persons physically present in the County. Emergency Ambulance Services and ALS services shall be provided at the Paramedic level. CCT services shall be performed above the Paramedic level with patient care furnished by one or more health professionals in an appropriate specialty area, such as emergency or critical care nursing, emergency medicine, respiratory care or cardiovascular care that exceeds the Paramedic scope of practice training, or by a Paramedic with expanded scope training as approved by YEMSA and the State EMS Authority. All services shall be performed by Contractor, except for the limited exceptions of when mutual aid services are performed by other Ambulance service providers, as appropriate, pursuant to Section V.A.3. (Primary Response to Peripheral Areas of the County) and ALS interfacility transports and CCTs are performed by other Ambulance service providers under subcontracts with Contractor pursuant to Section VIII.E. (Permitted Subcontracting).
 2. **Service Standards.** Contractor shall provide Emergency Ambulance Services, ALS services, and CCT services without regard to any illegally discriminatory classification, including without limitation: the patient's race, color, national origin, religious affiliation, sexual orientation, age, sex, or ability to pay.
 3. **Compliance with Proposal Terms.** Unless otherwise modified or superseded herein, Contractor shall comply with all the terms of its Proposal, which is incorporated herein by reference.
 4. **Participation in Programs.** In the event that Contractor decides to participate in pilot or research programs, the Contract Administrator may waive standards contained in this Agreement in the event that conflicting standards are established for a pilot program. Any clinical pilot program must be approved by the EMS Medical Director. Contractor shall not be required to participate in any pilot or research program as a condition of this Agreement. Contractor agrees that Contractor's participation in the pilot projects shall entail no additional cost to the County. Contractor further agrees that Contractor's services provided under pilot projects shall be in addition to the other services described in this Agreement.

5. **Public Awareness.** Contractor shall work to increase public awareness and knowledge of the EMS System, injury/mortality prevention/reduction, and general health and safety promotion. This shall include, but not be limited to, the provision of CPR and first aid training, participation in EMS Week, health fairs, school programs, radio and local talk shows and business group meetings whenever possible. Contractor shall assist YEMSA with injury/mortality prevention projects upon request and report on such activities in monthly reports.
 6. **Educational Assistance to First Responder Agencies.** Contractor shall, as is reasonable, make available educational assistance to non-transport First Responders to ensure a coordinated and effective patient care delivery system. The program shall be designed to provide training to BLS First Responder personnel collaborating with the ALS team on patient assessment, skills review and case review, etc. Programs shall be developed in consultation with YEMSA. Contractor shall, as is reasonable, assist in BLS Defibrillation continuing education and skills testing upon request from a County First Responder Agency.
 7. **Exclusive Franchise Right.** Contractor shall be the sole and exclusive Ambulance service provider for furnishing all Emergency Ambulance Services, ALS services, and CCT services for all residents and other persons physically present in the County. The exclusive franchise awarded under this Agreement does not include non-Emergency BLS Ambulance services. All requests for Emergency Ambulance Services originating in the County processed through the PSAPs or otherwise will be referred to Contractor. Contractor shall respond to all 9-1-1 or other Emergency calls originating in and/or dispatched by any public safety communications center in the County for EMS required in the County. Contractor shall also be the sole and exclusive provider of all ALS interfacility transports and CCTs. Notwithstanding the foregoing provisions of this Section III.B.5., Contractor may subcontract the performance of ALS interfacility transports and CCTs pursuant to Section VIII.E. (Permitted Subcontracting). Also, mutual aid services may be performed by other Ambulance service providers, as appropriate, pursuant to Section V.A.3. (Primary Response to Peripheral Areas of the County).
- C. **Exclusive Operating Area Description.** The County's EOA includes all areas within the geographic boundaries of the County as described and mapped in Section V.A.1. (Emergency Response Zones). The County grants Contractor the exclusive right to provide ground Emergency Ambulance Services, ALS services and CCT services within the County's EOA.
- D. **Contractor Support of County Compliance Oversight.** Contractor shall reimburse the County for the County's expenses in administering this Agreement, which includes but is not limited to the provision of Medical

Direction, overseeing Contractor's compliance, conducting quality assurance activities, and performance-monitoring and related tasks. **Contractor shall pay to the County a maximum amount of Three Million Dollars (\$3,000,000), as follows:**

March 1, 2014 through February 29, 2015	- \$300,000
March 1, 2015 through February 29, 2016	- \$300,000
March 1, 2016 through February 29, 2017	- \$300,000
March 1, 2017 through February 29, 2018	- \$300,000
March 1, 2018 through February 29, 2019	- \$300,000
March 1, 2019 through February 29, 2020	- \$300,000
March 1, 2020 through February 28, 2021	- \$300,000
March 1, 2021 through February 28, 2022	- \$300,000
March 1, 2022 through February 28, 2023	- \$300,000
March 1, 2023 through February 29, 2024	- <u>\$300,000</u>
Total	\$3,000,000

The fee will be payable in equal monthly installments, with the first installment payable within fifteen (15) days of the date this Agreement is executed. For subsequent years during the term of this Agreement, including any renewals, the first installment shall be payable within fifteen (15) days of the annual anniversary date of this Agreement. The County warrants and represents that the reimbursement paid by Contractor to the County shall be less than or equal to the County's actual costs to provide the services and oversight as set forth in this Agreement. No funds shall be used by the County in a manner that violates 42 U.S.C. Section 1320a-7b.

- E. Helicopter Services. The County reserves the right to allow helicopter air Ambulance and air rescue services for Emergency Calls and non-Emergency calls within the jurisdiction of the County by a provider other than Contractor. Contractor shall comply with all provisions of YEMSA's policies and procedures for use of air medical services and Contractor commits to work closely with the air Ambulance and air rescue providers to assure a seamless and responsive system for air resource utilization, provided, however, that Contractor shall be the sole ground provider of all Emergency Ambulance Services, ALS services (including ALS interfacility transports) and CCT services, except for mutual aid services as authorized in Section V.A.3. (Primary Response to Peripheral Areas of the County) and the permitted subcontracting by Contractor of ALS interfacility transports and CCTs pursuant to Section VIII.E. (Permitted Subcontracting).

IV. CLINICAL CARE

- A. Medical Oversight. The County shall furnish Medical Control services through YEMSA including the services of a system EMS Medical Director for all system participants' functions in the EMS System (e.g., medical communications, First Responder Agencies, transport entities, and online control physicians). The cost of medical oversight and compliance efforts will

be funded through an annual fee as described in Section III.D. (Contractor Support of Compliance Oversight).

YEMSA shall appoint a Physicians' Advisory Committee to advise the EMS Medical Director and perform other duties outlined herein or as otherwise assigned by YEMSA. YEMSA having an EMS Medical Director does not relieve Contractor from employing its own Medical Director as set forth herein.

1. **Medical Protocol and Administrative Policy Compliance.** Contractor shall comply with Medical Protocols and administrative policies established by YEMSA, as well as other requirements and standards established by the EMS Medical Director.

Contractor shall document compliance with system Medical Protocols. This documentation shall describe the performance of Contractor as a whole, its component parts (e.g., communications, First Responders and transport), and individual system participants (personnel).

Medical Protocols shall be reviewed and updated by the EMS Medical Director on a periodic basis with input from EMS System participants. The review process shall be defined in writing by the EMS Medical Director and shall address the effectiveness of the Medical Protocols and document the EMS System's compliance to the protocols.

2. **Direct Interaction with Medical Control.**
 - a. **Contractor Personnel's Direct Interaction.** Contractor personnel functioning under these specifications shall have the right and professional responsibility to interact directly with the EMS System's medical leadership (EMS Medical Director, base hospital physicians and YEMSA clinical oversight staff) on all issues related to patient care. This personal professional responsibility is essential.
 - b. **Contractor's Collaboration.** Contractor shall retain or employ a Medical Director, who shall be a medical or osteopathic medical doctor licensed to practice in California, for medical oversight, quality improvement, and to interact as a liaison with the County. Contractor's Medical Director and clinical education staff will work directly with YEMSA and the EMS Medical Director to collaborate on new treatment guidelines and training initiatives, quality improvement and research.
3. **Medical Review/Audits.** The goal of the medical audit process is to inspect and assure compliance of the care delivered with the EMS System's established clinical care guidelines. Evaluation of a random sampling of patient contacts provides a measure of the clinical care

provided and enables the EMS Medical Director to identify the need for a more targeted or detailed audit. The process also assists in validating the effectiveness of ongoing process measures in monitoring and improving care. Contractor shall comply with the EMS Medical Director audit/review process and initiate process measurement and improvement activities based on the results of the audit/review.

The EMS Medical Director may require that any employee of Contractor attend a medical audit when deemed necessary.

4. **Continuous Quality Improvement Program.** Contractor shall have a written Continuous Quality Improvement (CQI) Plan that must be approved by YEMSA. Contractor shall inform YEMSA in writing, of efforts to correct performance deficiencies as outlined in California Code of Regulations, Title 22, Div. 9, Ch. 2 § 100061.1.
 - a. **Continuous Supervision.** Contractor shall continually supervise its operations through a field supervisor.
 - b. **CQI Coordinator.** Contractor shall identify to YEMSA, in writing, a CQI Coordinator.
 - c. **Clinical Performance.** Contractor's clinical performance must be consistent with the YEMSA-approved medical standards and protocols. Patient transportation and disposition shall be according to YEMSA policies and procedures. Services and care delivered must be evaluated by Contractor's CQI program, and as necessary through the YEMSA quality improvement program in order to improve and maintain effective clinical performance.
 - d. **Participation in County Quality Assurance Program.** Contractor shall participate fully in YEMSA-required data reporting and the YEMSA Quality Assurance Program.
 - e. **Analysis of high risk, low frequency clinical performance issues and strategies to support competent care.** Initial report of the incident/risk to be reported within 24 hours to YEMSA, and a completed final report within 21 days.
 - f. **Based on the County's Quality Assurance Program, the Contractor will develop and provide as needed to make system evaluations and evaluate system performance.**
5. **Contractors, Medical Direction.** Contractor shall engage a physician as its Medical Director to oversee the Contractor's clinical activities. The

contractor will also, at no charge, provide medical direction services to the ALS first response unit operated by Yocha Dehe Wintun Nation.

B. Minimum Clinical Levels and Staffing Requirements.

1. Ambulance Staffing Requirements.

- a. **Emergency and ALS Services.** Contractor shall minimally staff and equip all Ambulances rendering Emergency Ambulance Services and ALS services to render Paramedic-level care and transport with a minimum, including the driver, of one (1) Paramedic and one (1) EMT or an EMS provider above the level of an EMT (if licensed, accredited and credentialed, as appropriate, to practice in the County) to respond to requests from a County-designated PSAP. All Ambulances shall be equipped in accordance with applicable State and YEMSA equipment and supply requirements and guidelines for ALS Ambulances.

The Paramedic shall be the ultimate responsible caregiver for all patients, but is only required to accompany patients in the back of the Ambulance during patient transports where ALS-level monitoring or care is required by protocol and/or by the patient's condition.

- b. **Critical Care Transports.** Contractor shall staff and equip all Ambulances rendering CCTs to render care and monitoring beyond the scope of practice of a Paramedic. Minimum staff for a CCT, including the driver, shall be (1) an EMT or an EMS provider above the level of an EMT if licensed, accredited and credentialed, as appropriate, to practice in the County, (2) a Paramedic and (3) a provider trained beyond the scope of a Paramedic ("CCT Provider"). This may include, depending upon the clinical requirements of the patient and the judgment of the referring physician, a Paramedic with expanded scope training as approved by YEMSA and the State EMS Authority, a registered nurse, a respiratory therapist, a physician or other provider with advanced training in one or more particular specialty care areas. The CCT Provider specified in (3) may be a provider furnished by the sending or receiving facility, or another facility, during the transport of the patient.

All Ambulances providing CCT services must carry the equipment, medications and supplies as published by the EMS Medical Director from time to time, and comply with all YEMSA policies and protocols with regard to CCT services.

2. **Personnel Licensure and Certification and Training Requirements.** All of Contractor's Ambulance personnel responding to Emergency medical requests shall be currently and appropriately licensed, accredited and credentialed, as appropriate, to practice in Yolo County. Contractor shall retain on file at all times copies of the current and valid licenses and/or certifications of all emergency medical personnel performing services under this Agreement. At a minimum, Contractor shall ensure that Ambulance personnel receive in addition to the required training defined in State and YEMSA policies the following training and/or certifications:
 - a. **Trauma Training.** Contractor shall staff each ALS Ambulance with a minimum of one Paramedic certified in Prehospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS), or Contractor shall document that each Paramedic has satisfactorily completed comparable training adequate to ensure competency in the skills included in the PHTLS or ITLS curriculum and approved by the EMS Medical Director. Contractor shall retain on file at all times, copies of the current training documentation and valid certifications of all PHTLS or ITLS qualified Paramedics performing services under this Agreement. All Paramedics shall be required by Contractor to obtain certification in PHTLS, ITLS, or have completed a comparable program within three (3) months of hire.
 - b. **CCT Training.** In the event that Contractor elects to utilize expanded scope Paramedics for the provision of CCT services under this Agreement, Contractor shall describe its training program, curriculum and evaluation mechanism for personnel who complete such training. All expanded scope training shall be subject to approval of the EMS Medical Director and the State EMS Authority.
 - c. **Orientation.** Contractor shall properly orient all field personnel before assigning them to respond to calls for services under this Agreement. Such orientation shall cover at a minimum, Contractor policies and procedures; EMS System overview; EMS policies and procedures; radio communications with and between Contractor, base hospital, receiving hospitals, and County communications centers; map reading skills including key landmarks, University of Davis Campus familiarity, routes to hospitals and other major receiving facilities within the County and in surrounding areas; and Ambulance and equipment utilization and maintenance. In addition, all frontline personnel must receive continual orientation to customer service expectations, performance improvement and the billing and reimbursement process.

- d. **MCI Preparedness.** Contractor shall train all Ambulance personnel and supervisory staff in their respective roles and responsibilities under current and/or future County MCI plans, and prepare them to function in the medical portion of the Incident Command System. The specific roles of Contractor and other Public Safety personnel will be defined by the relevant plans and command structure. The appropriate basic levels of ICS training for all personnel will be completed within three (3) months after Effective Date. Advanced ICS training will be provided to supervisors within three (3) months of being designated as a supervisor.
- e. **Assaultive Behavior Management Training.** On an ongoing basis, Contractor shall provide Ambulance personnel with the training, knowledge, understanding, and skills to effectively manage patients with psychiatric, drug/alcohol, excited delirium, and other behavioral or stress related problems, as well as difficult or potentially difficult scenes on an on-going basis. Emphasis shall be on techniques for establishing a climate conducive to effective field management and for preventing the escalation of potentially volatile situations. Such training will be provided within three (3) months after the Effective Date.
- f. **Emergency Vehicle Operator Training.** Contractor shall maintain an on-going driver-training program for Ambulance personnel. The program, the number of instruction hours, and the system for integration into Contractor's operations (e.g., accident review boards, impact of accidents on employee performance reviews and compensation, etc.) will be reviewed and is subject to approval by YEMSA initially and on an annual basis thereafter. Among other matters, training shall be provided on the California Highway Patrol Ambulance Drivers handbook. Training and skill proficiency is required at initial employment with annual training refresher and skill confirmation. Formal driver training will be completed all full-time employees who drive emergency vehicles within three (3) months of the Effective Date. Part-time employees who drive emergency vehicles will receive formal driver training within six (6) months of the Effective Date. New employees after execution of this Agreement will receive formal driver training within three (3) months of date of hire.
- g. **Infection Control.** Contractor shall create a culture focused on infection prevention that focuses on aggressive hygiene practices and proactive personal protective equipment donning (e.g., eye protection, gloves, etc.). Contractor shall develop and

strictly enforce policies for infection control, cross contamination and soiled materials disposal to decrease the chance of communicable disease exposure. Contractor shall provide annual training on infection control.

- h. **Homeland Security.** Contractor and Contractor's employees shall participate in and receive training in Homeland Security issues, including participating in existing programs available within the County for dealing with terrorist events, weapons of mass destruction and other Homeland Security issues.
- i. **HIPAA Compliance.** Contractor shall provide initial and ongoing training for all personnel regarding compliance with the Health Insurance Portability and Accountability Act of 1996 and the current rules and regulations enacted by the U.S. Department of Health and Human Services. All patient medical records shall be treated as confidential so as to comply with all State and federal laws.
- j. **Compliance and Documentation Training.** Contractor shall provide initial and ongoing compliance training for all personnel. This training shall be in accordance with the OIG Compliance Program Guidance for Ambulance Suppliers as published in the Federal Register on March 24, 2003 (68 FR 14245) and any amendments thereto. In addition, in order to facilitate compliant documentation from the clinical and reimbursement perspectives, Contractor shall bear the cost of an annual mandatory, three-hour documentation training program, to be taught by an instructor chosen and retained by the County, and ensure that all frontline personnel and supervisors attend this training. The training will be offered at various times to accommodate Contractor's shifts.

V. OPERATIONS

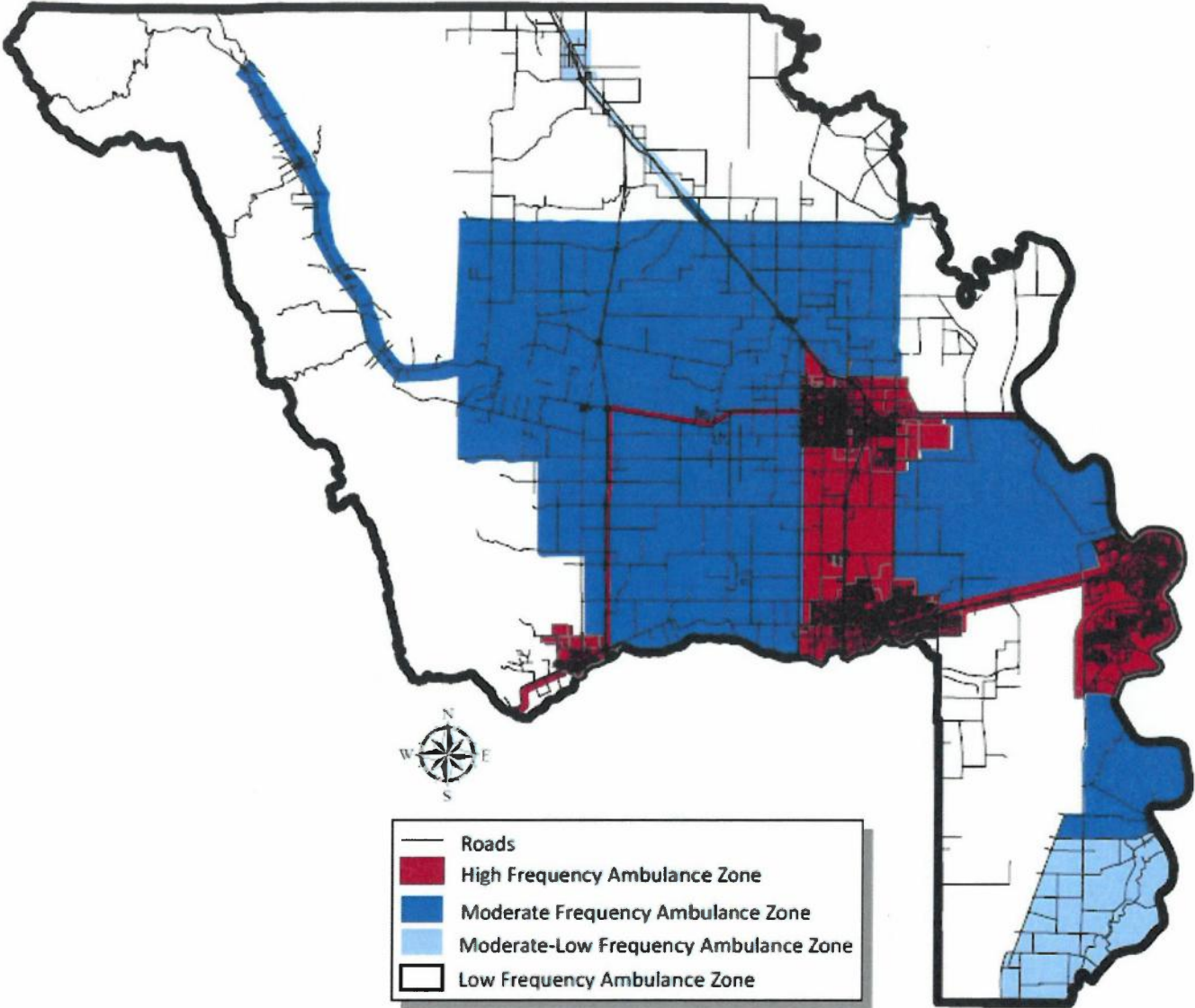
- A. **Operations.** The performance specifications set forth in this Agreement require and encourage improvements in the level of service currently being provided in the County. Additionally, the RFP provided clarification of expectations and accountability. The following provisions define these expectations, core requirements, and activities required of Contractor.
 - 1. **Emergency Response Zones.** Emergency Response Zones (ERZs) are defined by Ambulance call frequency. There are a total of four ERZs: (1) high frequency (red), (2) moderate frequency (blue) and (3) moderate-low frequency (light blue)(4) low frequency (unmarked) These ERZs are shown on the map following the below description of the ERZs.

- a. **High Frequency Zones.** High Frequency Zones are the four (4) incorporated cities (Davis, West Sacramento, Winters, and Woodland), including areas identified as potential for urban development, and the following identified areas:
 - (1). State Route 113 between the Solano County Line and Interstate 5; and the areas east to County Road 98 and west to County Road 102.
 - (2). The area known as El Macero, bordering the City of Davis.
 - (3). Interstate 80 between the Solano County Line and Sacramento County Line; to include freeway frontage roads.
 - (4). Yolo Housing Complex east of the City of Winters.
 - (5). State Highway 128 between the City of Winters and Pleasants Valley Road, and the areas two miles to the north and south of the highway.
 - (6). Interstate 505 between the Solano County Line and State Route 16.
 - (7). State Route 16 between the City of Woodland and Interstate 505 and the areas one mile to the north and south of the highway.
 - (8). Interstate 5 between the City of Woodland and the Sacramento County border; to include freeway frontage roads.
- b. **Moderate Frequency Zones.** Moderate Frequency Zones are the following areas:
 - (1). The areas known as: Brooks, Capay, Clarksburg (North of Clarksburg Road, and East of Jefferson Blvd), Esparto, Guinda, Knights Landing, Madison, Rumsey, and Yolo.
 - (2). State Route 16 between interstate 505 and the township of Rumsey, and the areas two miles to the north and south of the highway.
 - (3). Interstate 505 between State Route 16 and County Road 14 and the area west to two miles beyond County Road 85 and east to Interstate 5.

- (4). State Route 113 between Interstate 5 and County Road 13 and the area west to Interstate 5 and east to County Road 102.
 - (5). All geographic areas not previously defined that are situated between Interstates 5, 80, and 505, and County Road 14, and the Solano County Line.
- c. Moderate-Low Frequency Zones. Moderate-Low Frequency Zones are the following areas:
 - (1). County Road 12 to County Road 2 on Interstate Highway 5 including Dunnigan.
 - (2). Clarksburg: South of Clarksburg Road, and East of Z Line Rd to County Line.
 - (3). Interstate Highway 5 from County Road 14 to Zamora County Road 12.
- d. Low Frequency Zones. Low Frequency Zones are all geographic areas in the County not defined as High, Moderate, or Moderate-Low Frequency Emergency Response Zones.

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Yolo County EOA Ambulance Response Zones



2. All 9-1-1 and ALS Interfacility Calls. This Agreement is an exclusive franchise for all Emergency medical calls to include calls received through the 9-1-1 system as well as those Emergency Calls received through means other than 9-1-1. This Agreement is also an exclusive franchise for ALS interfacility transports and CCTs originating in the County.
 3. Primary Response to Peripheral Areas of the County. While Contractor has the exclusive right to all 9-1-1 calls originating in the County, there are areas on the periphery of the County where the nearest Paramedic-staffed Ambulance may be located in an adjacent jurisdiction. In the interest of getting an Ambulance to the patient as quickly as possible, YEMSA will approve the use of these closer Ambulances contingent upon the execution of a mutual aid agreement, satisfactory to YEMSA, with the agencies responding from a neighboring jurisdiction. YEMSA shall have the right to withdraw approval if it determines that Contractor's use of mutual aid or lack of use of mutual aid is excessive.
- B. Transport Requirement and Limitations. Contractor's obligation to respond to all Emergency medical requests in the County and provide Ambulance transport is subject to the following limitations and flexibilities:
1. Destinations. Contractor shall be required to transport patients from all areas of the County, in accordance with applicable YEMSA protocols.
 2. Prohibition against Influencing Destination Decisions. Contractor personnel are prohibited from attempting to influence a patient's destination selection other than as outlined in applicable destination protocols.
 3. Use of Automatic Vehicle Locator. Contractor shall utilize an AVL to allow for the tracking of Ambulances, which shall be linked to YEMSA and provide full report capability.
- C. Response Time Performance Requirements. "Response Times" are defined below. YEMSA will not limit Contractor's flexibility in the methods of providing Ambulance service. This is based upon Contractor's commitment to conform to the Response Time standards set forth below (the Response Time Standards). Therefore, an error on Contractor's part in one phase of its operation (e.g., Ambulance dispatch, system deployment plan, Ambulance maintenance, etc.) shall not be the basis for an exception to Contractor's performance in another phase of its operation (e.g., clinical performance or response time performance). Appropriate Response Time performance is the result of a coordinated effort of Contractor's total operation and therefore, is solely Contractor's responsibility. Response Times shall be measured in minutes and integer seconds, and shall be "time stamped" by the PSAP as to call transfer time in combination with the time stamping of Contractor's CAD

system. The County will work with Contractor to assure that Contractor's dispatch clocks can be synchronized to the area PSAPs.

1. **Response Time Performance Requirements.** Four ERZs are established and designated as high call frequency, moderate frequency, moderate-low frequency, and low call frequency. These ERZs will be used for Response Time monitoring, reporting, and compliance purposes. The applicable Response Time performance requirements for the ERZ are specified in Table 1 below. Contractor's Response Time on requests for Emergency medical service originating from within each ERZ shall meet the following performance standards:

- a. **Potentially Life Threatening Emergency Response.** Priority 1 responses pertain to those conditions identified in YEMSA policy as Potentially Life Threatening.

Contractor shall place an Emergency Ambulance At Scene (as defined in 5.5.2) of each call for a Priority 1-level condition within the specified Response Time for that ERZ on not less than ninety (90) percent of all Priority 1 calls, as measured within any consecutive calendar month.

For every Priority 1 call exceeding the Response Time Standard defined herein, Contractor shall document in writing the cause of the extended Response Time and Contractor's efforts to eliminate recurrence. Further, if deficiencies are found in the sample, Contractor shall be required to provide an explanation and a written plan for improvement after conferring with YEMSA.

- b. **Non-Life Threatening Emergency Response.** Priority 2 responses pertain to those conditions identified in YEMSA policy as Non-Life Threatening Emergency conditions.

Contractor shall place an Emergency Ambulance At Scene of each call for a Priority 2-level condition within the specified Response Time for that ERZ on not less than ninety (90) percent of all Priority 2 calls, as measured within any consecutive calendar month. Further, if deficiencies are found in the sample, Contractor shall be required to provide an explanation and a written plan for improvement after conferring with YEMSA.

- c. **Non-Emergency Response.** Priority 3 responses pertain to those conditions identified in YEMSA policy as Non-Emergency.

Contractor shall place an Emergency Ambulance At Scene of each call for a Priority 3-level condition within the specified Response Time for that ERZ on not less than ninety (90) percent of all Priority 3 calls, as measured within any consecutive calendar month. Further, if deficiencies are found in the sample, Contractor shall be required to provide an explanation and a written plan for improvement after conferring with YEMSA.

- d. Interfacility Transports. Priority 4 responses are for non-Emergency interfacility transports requiring ALS monitoring or treatment.

Contractor shall place an Emergency Ambulance at the requesting facility within the time set forth in Table 1 on at least ninety (90) percent of all Priority 4 Ambulance requests. If the service receives a 9-1-1 Emergency request for an ALS interfacility transport, the applicable Response Time requirement will be the same as that for the appropriate Priority level based on the dispatch information conveyed by the PSAP.

Response times for Priority 4 interfacility calls shall not be included in the monthly fractile Response Time compliance measurement, though repeated violations of the Response Time standards for these transports shall constitute a material breach of this Agreement.

- e. Critical Care Transports. Priority 5 requests for Ambulance service are defined as Critical Care Transports requiring monitoring or treatment beyond the scope of a Paramedic.

Contractor shall place a CCT Ambulance At Scene within the time set forth in Table 1 on at least ninety (90) percent of all Priority 5 Ambulance requests.

Response times for Priority 5 CCT calls shall not be included in the monthly fractile Response Time compliance measurement, though repeated violations of the Response Time standards for these transports shall constitute a material breach of this Agreement.

Table 1
Yolo County Response Time Requirements

Priority Level	Compliance	High Frequency ERZ	Moderate Frequency ERZ	Moderate Low Frequency ERZ	Low Frequency ERZ
1	90%	8:00	15:00	20:00	30:00
2	90%	15:00	30:00	35:00	45:00
3	90%	30:00	45:00	50:00	1:00:00
4	90%	30:00	N/A	N/A	N/A
5	90%	45:00	N/A	N/A	N/A

- D. Notification of Delays for Non-Emergency Responses. Whenever Emergency Ambulance response volume necessitates temporary delays in non-Emergency responses, Contractor shall notify the individual or organization requesting such service to explain the reasons for the temporary delay and shall furnish a realistic estimate of when service will be available. Notification of the individual or organization does not reduce or eliminate penalties for such delays. Contractor shall make every reasonable effort to reduce and eliminate delays for those utilizing non-Emergency services.
- E. Response Time Measurement Methodology. Contractor's Response Times shall be calculated on a monthly basis to determine compliance with the standards set forth in Table 1 above. Response Times shall be measured in accordance with the methodology described below for Priority 1, 2 and 3 calls only. This Response Time measurement methodology is subject to change as improvements to the YECA CAD system and/or improvements to the capabilities of the County's other PSAPs are implemented.
1. Call Receipt. Contractors' Response Time clock begins at "Call Receipt" which is defined as when Contractor's dispatch center (or Contractor's Ambulance crew) receives the call from YECA or another PSAP.
 2. At Scene. "At Scene" time means the moment the first Emergency Ambulance arrives and stops at the location where the Ambulance shall be parked while the crew exits to approach the patient and notifies Dispatch that it is fully stopped. "At Scene" shall not be called in until the Ambulance is fully stopped and parked on scene and shall not be recorded prior to this time. "At Scene" designation is subject to audit by YEMSA and any misrepresentation of "At Scene" reporting times shall result in the imposition of response time penalties for the affected calls at the highest amount set forth in the penalty provisions of this Agreement.

In situations where the Ambulance has responded to a location other than the scene (e.g., staging areas for hazardous materials/violent crime incidents, non-secured scenes, or wilderness locations), arrival At Scene shall be the time the Ambulance arrives at the designated staging location or nearest public road access point to the patient's location.
 3. Time Intervals. The Response Time is defined as the interval, in exact minutes and seconds, between the Call Receipt time and arrival At Scene time or the response is cancelled by a public safety agency.
 4. Failure to Report At Scene Time. In instances when Ambulance crews fail to report At Scene, the time of the next communication between dispatch and the Ambulance crew shall be used as the At-Scene time. However, Contractor shall be permitted to document the actual arrival

time through another means (e.g., First Responder, AVL, communications tapes/logs, etc.) so long as an auditable report of any edits is produced.

5. Calculating Upgrades, Downgrades, Reassignments and Cancellations. From time to time special circumstances may cause changes in call priority classification. Response Time calculations for determination of compliance with Agreement standards and penalties for non-compliance will be as follows:

- a. Upgrades. If an assignment is upgraded prior to the arrival At Scene of the Emergency Ambulance (e.g., from Priority 2 to Priority 1), Contractor's compliance will be calculated based on the shorter of:

- (1). Time elapsed from dispatch to time of upgrade plus the higher priority Response Time Standard; or
- (2). The lower priority Response Time Standard.

- b. Downgrades. If a call is downgraded prior to arrival At Scene of the Emergency Ambulance (e.g., from Priority 1 to Priority 2), Contractor's compliance will be determined by:

- (1). If the time of the downgrade occurs after the Emergency Ambulance has exceeded the higher priority Response Time Standard, the more stringent higher priority standard will apply; or
- (2). If the time of the downgrade occurs before the Emergency Ambulance has exceeded the higher priority Response Time Standard, the less stringent lower priority will apply.

In all such cases, documentation must be presented for validation of the reason why the priority status was downgraded. If the downgrade was justified, in the sole discretion of YEMSA, the longer standard will apply.

- c. Reassignment. If an Emergency Ambulance is reassigned en route or turned around prior to arrival At Scene (e.g., to respond to a higher priority request), compliance and penalties will be calculated based on the Response Time Standard applicable to the assigned priority of the initial response. The Response Time clock will not stop until the arrival of an Emergency Ambulance At Scene from which the Ambulance was diverted.

6. **Canceled Calls.** If an Emergency Call assignment is canceled prior to arrival At Scene by the ambulance, Contractor's compliance and penalties will be calculated based on the elapsed time from dispatch to the time the call was canceled.
7. **Response Times Outside EOA.** Contractor shall not be held accountable for Emergency Response Time compliance for any assignment originating outside the County. Responses to requests for service outside the County will not be counted in the total number of calls used to determine compliance.
8. **Each Incident a Separate Response.** Each incident will be counted as a single response regardless of the number of units that are utilized. The Response Time of the first arriving Emergency Ambulance will be used to compute the Response Time for that incident.
9. **Response Time Compliance for Individual Emergency Response Zones.** Response time requirements for the three Emergency Response Zones shall be reported and analyzed separately for compliance and penalty purposes.
10. **Emergency Response Zone Assignments.** YEMSA recognizes that Response Times are largely based upon call volumes and population densities within each ERZ. In developing Response Time Standards, YEMSA has established four (4) ERZs: high, moderate, moderate-low, and low frequency zones, for Response Time compliance measurement.

YEMSA may evaluate the call frequency and zone structure to address changes occurring within each zone. Should the call frequency of any significant contiguous area within the low call frequency zones become equal to or greater than the call frequency to the adjacent medium or high call frequency zone, then that area will be considered for reclassification for Response Time compliance upon the next anniversary date of this Agreement. Response Time compliance changes pursuant to this Section X. will be modified by readjusting the then current map and the descriptions defining the ERZs.

YEMSA reserves the right to look at any area of the County to identify if there are pockets of poor Response Time performance and refer such findings to Contractor for mitigation.

- F. **Response Time Exceptions and Exception Requests.** Contractor shall maintain mechanisms for backup capacity, or reserve production capacity to increase production should a temporary system overload persist. However, it is understood that from time to time unusual factors beyond Contractor's reasonable control may affect the achievement of specified Response Time Standards. In the monthly calculation of Contractor's performance to determine compliance with the Response Time Standards, every request from

County-designated PSAPs to respond within the County shall be included except as follows:

1. **Multi-Casualty Disaster.** The Response Time requirements shall be suspended during a declared multi-casualty incident, medical advisory or disaster in the County or during a declared disaster in a neighboring jurisdiction to which Ambulance assistance is being provided by Contractor as requested by the County.
2. **Good Cause.** The Contract Administrator may allow exceptions to the Response Time Standards for good cause as determined at his or her sole discretion. At a minimum, the asserted ground(s) for exception must have been a substantial factor in producing a particular excess Response Time, and Contractor must have demonstrated a good faith effort to respond to the call(s).

Good cause for an exception may include, but is not limited to, unusual system overload, incorrect or inaccurate dispatch information received from the PSAP, disrupted voice or data radio transmission (not due to Contractor equipment/infrastructure); material change in dispatched location; unavoidable telephone communications failure; dispatch to non-existent address; unavoidable delays caused by extreme inclement weather; provision of County-authorized mutual aid; and off-road locations.

Unusual system overload is defined as 200 percent of the average demand for the day of the week and hour of day. The average demand for each day and hour is to be calculated on an annual basis using the prior calendar year's actual run volume.

Extended delays at hospitals for transferring patients to receiving facility personnel will not be a criterion for potential good cause exceptions. Equipment failure, traffic congestion not caused by the incident, Ambulance failure, lost Ambulance crews, or other causes deemed to be within Contractor's control or awareness shall not be grounds to grant an exception to compliance with the Response Time Standard.

3. **Exception Request Procedure.** It is Contractor's responsibility to apply to YEMSA for an exception to the Response Time Standards. If Contractor believes that any response or group of responses should be excluded from the calculation of Response Time compliance due to unusual factors beyond Contractor's reasonable control, Contractor must provide detailed documentation for each actual response in question to YEMSA and request that YEMSA exclude these calls from calculations and late penalties. Any such request must be in writing and received by the Contract Administrator within twenty (20) business days of the end of the month of occurrence, together with that month's

performance reports. A request for an exception received after the twenty (20) days will not be considered. The Contract Administrator will review each exception request and make a decision for approval or denial. Should Contractor desire to appeal the Contract Administrator's decision, a written request must be submitted to the Director within ten (10) days after Contractor is provided notice of the decision by the Contract Administrator. All decisions by the Director shall be considered final.

G. Response Time Performance Reporting Procedures.

1. Documentation of Incident Time Intervals. Contractor shall document all times necessary to determine total Ambulance Response Time, including but not limited to time call received by the dispatch center, time location verified, time Ambulance crew assigned, time en route to scene, arrival At Scene time, total on-scene time, time en route to hospital, total time to transport to hospital, and arrival at hospital time. Other times may be required to document specific activities such as arrival at patient side, times of defibrillation, administration of treatments and medications and other instances deemed important for clinical care monitoring and research activities. All times shall be recorded on the Patient Care Report Form (PCR) and/or in Contractor's CAD system. Contractor will provide an interface with the CAD database and Electronic Patient Care Report Form (ePCR) database through First Watch for YEMSA to extract and corroborate Response Time performance.
2. Response Time Performance Report. Within twenty (20) business days following the last day of each month, Contractor shall document and report to YEMSA, in a manner and format required by YEMSA, such information as YEMSA shall require. Contractor shall also ensure that Ambulance Response Time records are available to YEMSA in a computer readable format approved by the Contract Administrator and suitable for statistical analysis for all Ambulance responses originating from requests to a County Designated Medical Dispatch Center. The records shall include, at a minimum, the following data elements:
 - a. unit identifier
 - b. location of call - street address
 - c. location of call - city, town or unincorporated portion of the County
 - d. location of call - longitude and latitude
 - e. location of call - Emergency Response Zone

- f. nature of call - (EMD Code)
 - g. code to scene
 - h. time call received
 - i. time call dispatched
 - j. time unit en route
 - k. time unit At-Scene
 - l. time unit en route to hospital
 - m. time unit at hospital
 - n. time unit clear and available for next call
 - o. outcome (dry run, transport)
 - p. receiving hospital
 - q. code to hospital
 - r. major trauma
 - s. number of patients transported
3. Improving Response Time Performance. Contractor shall use Response Time data in an ongoing manner to evaluate Contractor's performance and compliance with Response Time Standards in an effort to continually improve its Response Time performance levels.
 4. Identifying Causes for Performance Failure. Contractor shall identify the causes of failures of performance, and shall document efforts to eliminate these problems on an on-going basis.
 5. Providing Explanation for Call Exceeding Responses Time. Contractor shall provide an explanation for every call exceeding the required Response Time and describe steps taken to reduce extended responses in the future.
- H. Penalty Provisions. Penalties shall be imposed for individual instances of Response Time deviation, as well as for deviations from required fractile Response Time performance standards. Severe or chronic deviations of Response Time compliance may constitute a default and shall be a ground for termination of this Agreement as provided below.

1. **Penalty for Failure to Provide Data or Falsifying Compliance Data.** For priority 1, 2 and 3 calls, Contractor shall pay the County a penalty of \$300, \$250 and \$200, respectively, each time an Ambulance is dispatched and the Ambulance crew fails to report and document At Scene time. Contractor, in order to rectify the failure to report an At Scene time and to avoid the penalty may demonstrate to the satisfaction of the Contract Administrator an accurate At Scene time.

Where an At Scene time for a particular call is not documented or is demonstrated to be inaccurate, the Response Time for that call shall be deemed to have exceeded the required Response Time for purposes of determining Response Time compliance.

In the event the County determines that Contractor has intentionally falsified any times that are material to the County's determination of Contractor's Response Time compliance under this Agreement, the County may impose a penalty of up to \$2,500 for a first offense, \$5,000 for a second offense, and \$10,000 for a third offense. More than three (3) instances of falsification of such data shall be grounds for termination of this Agreement.

2. **Penalty for Failure to Respond.** Contractor is to deploy and staff Ambulances in a manner that allows for a response to all medical Emergency dispatches. In the event Contractor does not respond with an Ambulance to an Emergency Call, Contractor shall be assessed a penalty of \$10,000 per incident. A failure to respond shall be defined as Contractor not having an Emergency Ambulance assigned and en route to an Emergency Call within sixty (60) minutes of the call being transferred from a County designated PSAP. Three (3) failures to respond shall be grounds for termination of this Agreement.
3. **Per-Call Penalties for Response Time Deviations.** For priority 1, 2 and 3 calls, there shall be a two-tiered penalty structure for each Emergency Call for which Contractor fails to meet the maximum Response Time for the specified ERZ for Priority 1, 2 and 3 calls. Tier 1 penalties are intended to address minor to moderate deviations, and Tier 2 penalties are intended to address "outlier" deviations that the County deems to constitute a significant risk to public health and safety. The per-call response time penalty tiers are set forth in Table 2 below.

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Table 2
Two-Tiered Penalty Structure for Per-Call Response Time Deviations

Priority Level	High Frequency ERZ	Moderate Frequency ERZ	Moderate Low Frequency ERZ	Low Frequency ERZ	Penalties
1	<u>Penalty Tier 1</u> >8:00 ≤16:59 <u>Tier 2</u> ≥17:00	<u>Penalty Tier 1</u> >15:00 ≤24:59 <u>Tier 2</u> ≥25:00	<u>Penalty Tier 1</u> >20:00 ≤29:59 <u>Tier 2</u> ≥30:00	<u>Penalty Tier 1</u> >30:00 ≤44:59 <u>Tier 2</u> ≥45:00	<u>Penalty Tier 1</u> \$300 <u>Penalty Tier 2</u> \$1,500
2	<u>Penalty Tier 1</u> >15:00 ≤31:59 <u>Penalty Tier 2</u> ≥32:00	<u>Penalty Tier 1</u> >30:00 ≤44:59 <u>Penalty Tier 2</u> ≥45:00	<u>Penalty Tier 1</u> >35:00 ≤49:59 <u>Penalty Tier 2</u> ≥50:00	<u>Penalty Tier 1</u> >45:00 ≤59:59 <u>Penalty Tier 2</u> ≥1:00:00	<u>Penalty Tier 1</u> \$250 <u>Penalty Tier 2</u> \$1,000
3	<u>Penalty Tier 1</u> >30:00 ≤44:59 <u>Penalty Tier 2</u> ≥45:00	<u>Penalty Tier 1</u> >45:00 ≤59:59 <u>Penalty Tier 2</u> ≥1:00:00	<u>Penalty Tier 1</u> >50:00 ≤59:59 <u>Penalty Tier 2</u> ≥1:00:00	<u>Penalty Tier 1</u> >1:00:00 ≤1:30:00 <u>Penalty Tier 2</u> ≥1:30:00	<u>Penalty Tier 1</u> \$200 <u>Penalty Tier 2</u> \$750
4	<u>Penalty Tier 1</u> >30:00 ≤59:59 <u>Penalty Tier 2</u> ≥1:00:00	N/A	N/A	N/A	<u>Penalty Tier 1</u> \$200 <u>Penalty Tier 2</u> \$600
5	<u>Penalty Tier 1</u> >45:00 ≤1:29:59 <u>Penalty Tier 2</u> ≥1:30:00	N/A	N/A	N/A	<u>Penalty Tier 1</u> \$200 <u>Penalty Tier 2</u> \$600

4. **Penalty for Monthly Fractile Response Time Deviations.** Contractor shall pay the County a penalty each month, as set forth in Table 3 below, that Contractor fails to comply with the Fractile Response Time requirements based on the percentage of compliance for each ERZ, calculated separately. Separate penalties may be imposed for monthly Fractile Response Time deviations for each Emergency Response Zone. Fractile Response Time performance less than 88% over two (2) consecutive months shall be cause for termination of the Agreement.

Any subset of measurement of calls that does not exceed one hundred (100) responses in a single month shall be added to the next month's responses and accumulated until the minimum of one hundred (100) responses is documented at which point compliance determinations will be made.

Table 3 Monthly Fractile Response Time Penalties	
Compliance %	Penalty
≥ 89% < 90%	\$ 4,000 per ERZ
≥ 88% < 89%	\$ 6,000 per ERZ
< 88%	\$ 8,000 per ERZ

5. **Additional Penalty Provisions.** The County may impose financial penalties for breaches of this Agreement. For example, the County may impose penalties relating to the failure to provide reports and information to the County by specified due dates, failure to leave PCRs documenting patient care at receiving institutions, failure to respond to a request, and responding and transporting in a BLS unit when the call requires an ALS response and transport. Table 4 sets forth additional penalties for breach of this Agreement. The County may impose a fine of up to \$500 per incident for any minor breach of this Agreement not specifically addressed in Table 4.
6. **Repetitive Non-Compliance.** Contractor is required to report performance for each priority level in each ERZ. Repetitive non-compliance in any given subset is defined as three (3) consecutive months or five (5) instances of non-compliance in any twelve-month period. If Contractor is repetitively non-compliant in any subset measure, Contractor shall submit a plan of corrective action to YEMSA within thirty (30) days of being notified of repetitive non-compliance by YEMSA. Failure to correct repetitive noncompliance shall be considered a material breach of this Agreement.

Table 4
Breach Events and Penalties

Breach Event	Criteria	Penalty
Failure to provide timely operational reports	Operational and Response Time reports are due on specific date after close of month	\$50 per report per day received after specified due date
Failure to leave completed PCR at receiving facility	100 percent of YEMSA approved PCR or Interim Patient Care Report will be left at the receiving facility prior to departure of the Ambulance crew. 100 percent of the completed PCRs will be provided to receiving facility within 24 hours	\$50 for every instance when the Interim Patient Care Report, at a minimum, is not left at the receiving facility prior to crew departure. A penalty of \$100 for every completed PCR not provided to the facility within 24 hours of patient delivery
Response and transport by a BLS unit when the Priority level calls for the patient to be transported by an ALS unit	All calls shall be responded to by an ALS Ambulance and the patient transported in the ALS unit	\$1,000 for every incident in which a BLS Ambulance responds and transports a patient
Failure to provide timely quality improvement data and reports	Quality improvement and clinical data and reports are due on specific date after close of month	\$50 per report or data submission per day received after specified due date
Failure to provide timely unusual occurrence reports	Unusual occurrence reports are due within a specific time from date of the occurrence as defined in YEMSA policies and procedures	\$100 per report per day received after the specified time frame from the date of the occurrence

7. **Penalty Disputes.** Contractor may appeal to the County in writing within twenty (20) business days of receipt of notification of the imposition of any penalty or regarding YEMSA's penalty calculations. The Contract Administrator will review all such appeals and make the decision to eliminate, modify, or maintain the appealed penalty. Should Contractor desire to appeal the Contract Administrator's decision, a written request must be submitted to the Director within ten (10) days after notice of the decision of the Contract Administrator. All decisions by the Director shall be considered final.
8. **Penalty Payments.** The County shall render its invoice for any fines or penalties to Contractor within thirty (30) business days of the YEMSA's receipt of Contractor's monthly performance reports, or within thirty (30) days of the occurrence of an event for which a penalty is imposed under this Agreement. Contractor shall pay the County on or before the 30th day after receipt of the invoice. Any disputes of the invoiced amounts should be resolved in this thirty-day period. If they have not been resolved to the County's or Contractor's satisfaction, the invoice shall be paid in full and subsequent invoices will be adjusted to reflect the resolution of disputed amounts.
- I. **Fleet Requirement.** Contractor shall maintain the number of ALS equipped and fully operating Ambulances that represent at least 150% of the peak staffing level. For example, if Contractor's peak number of Ambulances is five (5), then Contractor shall maintain a fleet of at least eight (8) Ambulances ($5 \times 150\% = 7.5$ rounded to 8). If a fraction is derived when multiplying the peak number of units by 150%, the number will be rounded up to the next whole integer (i.e., 7.5 would be rounded to 8). All Ambulances shall be safe of operation and fit for their intended purpose.
- J. **Coverage and Dedicated Ambulances, Use of Stations/Posts.** These specifications are for a performance based approach rather than a level of effort undertaking involving defined locations. The County neither accepts nor rejects Contractor's level of effort estimates; rather the County accepts Contractor's commitment to employ whatever level of effort is necessary to achieve the Clinical Response Time and other performance results required by the terms of this Agreement as outlined in these specifications. Contractor shall deploy Ambulance resources in a manner consistent with this goal.
- K. **Use of Audible and Visual Warning Devices.** Contractor shall have a plan to ensure and shall ensure that audible and visual warning devices (i.e., red lights and sirens or RLS) shall be used appropriately and that their use is limited to cases of life threatening emergencies only. The County wishes to minimize inappropriate use of RLS in an effort to prevent accidents involving emergency vehicles, given the correlation between emergency vehicle accidents and RLS use.

VI. PERSONNEL

- A. Treatment of Incumbent Work Force. Contractor initially and throughout the term of this Agreement shall provide financial benefits to encourage employee retention and recruitment for the system.
- B. Character, Competence and Professionalism of Personnel. The Parties understand that Ambulance services are often rendered in the context of stressful situations. YEMSA expects and requires professional and courteous conduct and appearance at all times from Contractor's Ambulance personnel, medical communications personnel, middle managers, and top executives. Contractor shall address and correct any occasional departure from this standard of conduct.

All persons employed by Contractor in the performance of its work shall be competent and holders of appropriate licenses and permits in their respective professions and shall undergo a criminal record check in accordance with the State of California requirements. Screening of employees shall include, at a minimum, exclusion from the federal Medicare or Medicaid programs, felony or misdemeanor convictions (and equivalent convictions in states that do not label convictions as felonies or misdemeanors) related to driving under the influence, drug related offenses, and sexual offenses including rape, child abuse and spousal abuse. Contractor must independently judge the employability and potential liability associated with employing any individual with a past history of such offenses.

- C. Internal Health and Safety Programs. Contractor shall implement multiple programs to enhance the safety and health of the work force. These shall include driver-training, safety and risk management training. Contractor shall provide adequate PPE and other equipment to employees working in hazardous environments such as routine care, rescue operations, motor vehicle accidents, etc. At a minimum, personal protective gear shall comply with EMSA #216 and shall include appropriate head, respiratory and flesh protection for employees. Policies and procedures should clearly describe the routine use of PPE on all patient encounters.
- D. OSHA and Other Regulatory Requirements. Contractor shall satisfy all regulatory requirements for occupational safety and health, including but not limited to infection control, blood-borne pathogens and TB training, equipment, mitigation and control. Contractor will adopt procedures that meet or perform better than all requirements for dealing with these matters. Contractor shall make available at no cost to its employees all currently recommended immunizations and other immunizations that are recommended during the term of this Agreement and health screening to its high-risk personnel. Contractor shall, at a minimum, satisfy federal and State Occupational Safety and Health Administration (OSHA) Blood Borne Pathogen Training Requirements and Federal and State OSHA mandated Hazardous Materials Awareness Training Compliance.

- E. **Discrimination Not Allowed.** During the performance of this Agreement, Contractor will comply with all applicable provisions of federal, State, and local laws and regulations prohibiting discrimination. Without limiting this, Contractor warrants that it will fully comply with Title VI and VII of the Civil Rights Act of 1964, as amended, the Americans with Disabilities Act (ADA) and all regulations promulgated thereunder. Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, disability, national origin, sex, sexual orientation, or age. Contractor will take affirmative action to ensure that employment is offered and that employees are treated during employment without regard to their race, religion, color, disability, national origin, sex, sexual orientation, or age. Such action shall include but is not limited to the following: employment-upgrade, demotion, and transfer; recruitment and recruitment advertising; lay-off and termination; rates of pay and other forms of compensation; and selection, including apprenticeship.

- F. **Field Provider Shifts.** Contractor shall utilize reasonable management practices which ensure that field personnel working extended shifts, part-time jobs, voluntary overtime, or mandatory overtime, are not exhausted to an extent which might impair judgment or motor skills. Crewmembers providing Ambulance services under this Agreement shall not be scheduled to work shifts longer than twelve (12) consecutive hours and shall not remain on duty for longer than eighteen (18) consecutive hours due to late calls or unscheduled holdovers. A rest period of at least eight (8) consecutive hours between shifts is required. The only exception will be a County-declared disaster. Contractor may implement the use of twenty-four (24) hour shifts with prior approval by YEMSA. YEMSA may withdraw such approval at any time providing forty (45) days' notice.

VII. MANAGEMENT

- A. **Data and Reporting Requirements.** As required by YEMSA, Contractor shall provide detailed operational, clinical, and administrative data in a manner that facilitates YEMSA's retrospective analysis.
 - 1. **Dispatch Software.** The dispatch software utilized by Contractor shall include security features preventing unauthorized access or retrospective adjustment and full audit trail documentation. YEMSA will be provided access to all data maintained by the CAD system as necessary to analyze demand and determine deployment procedures. Contractor shall allow YEMSA, at Contractor's expense, to install an interface with the CAD to collect and monitor computer-aided dispatch information.
 - a. **Real-Time Monitoring.** Contractor will furnish and operate a system to provide near-real-time monitoring of its CAD and electronic Patient Care Record (ePCR) data that is functionally equal or superior (in the County's determination) to the hosted

FirstWatch system, offered by FirstWatch Solutions, Inc. (www.firstwatch.net), including the Online Compliance Utility (OCU).

FirstWatch and the OCU will be used to monitor Contractor's Computer-Aided-Dispatch (CAD) data in near real-time, and will be used in the County's monitoring and reporting on Contractor's response time compliance. The OCU will be used by Contractor to submit Response Time exception requests to the County, and for the County to review and authorize (or deny) such requests.

FirstWatch and the FirstPass module (or equal or superior alternatives) will be used to monitor Contractor's ePCR data in near real-time, and will be the official method for monitoring and reporting on Contractor's compliance to applicable clinical protocols. FirstPass (or acceptable alternative) will be used by Contractor and/or the County as a quality assurance/improvement, and protocol compliance monitoring and reporting tool. Contractor and the County will work together with FirstWatch (or equal or superior provider) to customize the FirstWatch and FirstPass processes and reporting tools to meet and exceed the unique needs of the County system.

The County will also use the FirstWatch system to monitor the CAD and ePCR data for biosurveillance and other syndromic and health-monitoring purposes, subject to HIPAA requirements.

- b. Research and Aggregated Monitoring Networks. The County may choose to participate in research or aggregated monitoring networks, such as FirstWatch's Regional Influenza Network (www.firstwatch.net/rin), subject to HIPAA compliance, and Contractor shall cooperate with the County in all such respects.
2. Patient Care Reporting Software. Contractor shall utilize an electronic patient care report ePCR system that is NEMSIS and CEMSIS compliant and HL7 compatible, and approved by YEMSA for patient documentation on all EMS System responses including patient contacts, canceled calls, and non-transports. The ePCR shall be accurately completed to include all County-prescribed data, and all such information shall be distributed according to established County EMS Policies and Procedures. Contractor shall leave a copy of the ePCR (electronic or printed) at the receiving hospital upon delivery of each patient in accordance with YEMSA policies and procedures. Within twenty-four (24) hours, Contractor shall provide remote electronic access for the Contract Administrator and receiving hospitals to patient

care records in computer readable format and suitable for statistical analysis for all Ambulance calls. Records shall contain all information documented on the ePCR for all EMS System responses including patient contacts, cancelled calls, and non-transports.

Contractor shall identify files or ePCRs for trauma transports (patients meeting Yolo County trauma triage criteria). Contractor shall be required to provide other data points, which may be reasonably requested, including any needed modifications to support EMS System data collection.

3. Records. Contractor shall complete, maintain, and provide to YEMSA, if requested, adequate records and documentation to demonstrate its performance compliance and aid YEMSA in improving, modifying, and monitoring the EMS System.
4. Monthly Reports Required. Contractor shall provide, within twenty (20) business days after the first day of each calendar month, reports pertaining to its performance during the preceding month as it relates to the clinical, operational, and financial performance stipulated herein. Contractor shall document and report to the Contract Administrator in writing in a form required by the Contract Administrator. Response Time compliance and customer complaints/resolutions shall be reported monthly. Reports other than Response Time compliance and customer complaints/resolutions may be required by YEMSA less frequently than monthly.

Reports shall include, at a minimum:

a. Clinical:

- (1) Continuing education compliance reports;
- (2) Summary of clinical/service inquiries and resolutions;
- (3) Summary of investigations and individual performance improvement plans;
- (4) Transfer of care from ALS to BLS for transport;
- (5) Clinical Reports, as defined by YEMSA to include:
 - STEMI
 - Stroke
 - Trauma
 - CARES
 - Airway management

- Pediatric High Priority Calls

- (6) Summary of interrupted calls due to vehicle/equipment failures; and

- b. Operational:

- (1) Calls and transports, by priority for each Emergency Response Zone;
- (2) A list of each call, sorted by Emergency Response Zone, where there was a failure to properly record all times necessary to determine the Response Time;
- (3) APOT Times for Yolo and Sacramento receiving facilities;
- (4) Documentation of all patients meeting Yolo County trauma criteria including At Scene time and transport to hospital time;
- (5) A list of mutual aid responses to and from the EMS System; and
- (6) Customer complaints;
- (7) EMS transports to and from medical aircraft.

- c. Response Time Compliance:

- (1) A list of each Emergency Call dispatched for which Contractor did not meet the Response Time Standard for each Emergency Response Zone and an explanation of why the response was late;
- (2) Canceled transports;
- (3) Released at scene (RAS) and Against Medical Advice (AMA);
- (4) Exception reports and resolution; and
- (5) Penalties and exemptions.

- d. Response Time Statistical Data. Within twenty (20) business days following the last day of each month, Contractor shall ensure that Ambulance Response Time records are available to YEMSA in a computer readable format approved by the Contract Administrator and suitable for statistical analysis for all Ambulance responses

originating from requests within the County. The records shall include the following data elements:

- (1) unit identifier
 - (2) location of call – street address
 - (3) location of call – city, town or unincorporated city
 - (4) location of call - longitude and latitude
 - (5) location of call – Emergency Response Zone
 - (6) nature of call (EMD Code)
 - (7) code to scene
 - (8) time call received
 - (9) time call dispatched
 - (10) time unit en route
 - (11) time unit on-scene
 - (12) time unit en route to hospital
 - (13) time unit at hospital
 - (14) time unit clear and available for next call
 - (15) outcome (transport, refusal, no patient found, etc.)
 - (16) receiving hospital
 - (17) code to hospital
 - (18) major trauma
 - (19) number of patients transported
- e. Personnel Reports. Contractor shall provide YEMSA annually with a list of Paramedics, EMTs and other EMS personnel currently employed by Contractor and shall update that list whenever there is a change within 20 days

The personnel list shall include, at a minimum, the name, , , California Paramedic license and expiration date and EMT certification and expiration date, of each person on the list.

f. Billing Reports:

- (1) Payer mix;
- (2) Service mix (BLS-NE, BLS-E, ALS1-NE, ALS1-E, SCT);
- (3) Collection rates;
- (4) Bad debt/write offs; and
- (5) Medicare/Medi-Cal overpayment refunds.

g. Community/Governmental Affairs Report:

- (1) Number of conducted community education events;
- (2) Public Relations activities, First Responder recognition; and
- (3) Government relations contact report.

h. Electronic Access to Reports. Contractor shall provide access capability to YEMSA, at Contractor's expense, to all PCR's and shall provide a mechanism to create customized reports for YEMSA monitoring and review.

i. Other Reports. Contractor shall provide YEMSA with such other reports and records as may be reasonably required by the Contract Administrator.

5. Written Policies. Contractor shall have, among other written policies and procedures, written policies and procedures available in its offices which shall address the following:

- a. Recruitment.
- b. Pre-employment screening/hiring standards.
- c. Orientation and training program for new employees.
- d. In-service training and education.
- e. Probation period.
- f. Refresher course training.

- g. Personnel evaluations.
- h. Wage, salary, benefit packages, and general work conditions.
- i. Work schedules/work coverage protocols.
- j. Dispatch Protocols and policies which include continuous quality improvement.
- k. Evaluation and handling of patients in the provision of service.
- l. Role and responsibilities of field supervisors.
- m. Employee job descriptions, including, but not limited to, all field, supervisory and management personnel.
- n. Mapping education and familiarization with Yolo County.
- o. Notification of appropriate PSAP when responding to a request for service outside the 9-1-1 system.

VIII. EMS SYSTEM AND COMMUNITY

- A. Participation in EMS System Development. The County anticipates further development of its EMS System and regional efforts to enhance disaster and mutual-aid response. Contractor shall actively participate in EMS System activities, committee meetings, and work groups. Contractor shall participate and assist in the development of EMS System changes.
- B. Accreditation. Contractor shall maintain accredited by the Commission on Accreditation of Ambulance Services (CAAS) throughout the term of this Agreement.
- C. Multi-casualty/Disaster Response. Contractor shall cooperate with the County in rendering Emergency assistance during a declared or an undeclared disaster or in multi-victim response as identified in County plans.

In the event the County declares a disaster within the County, Contractor will assign a Field or Manager/Supervisor to deploy to the designated emergency operations center (when activated) as a liaison. In the event the County declares a disaster within the County, or in the event the County directs Contractor to respond to a disaster in a neighboring jurisdiction, normal operations shall be suspended and Contractor shall respond in accordance with the disaster plan. Contractor shall use best efforts to continue to provide services under this Agreement and may suspend non-Emergency services as required.

At a multi-victim scene, Contractor's personnel shall perform in accordance with the appropriate County multi-victim response plan and within Incident Command System (ICS).

During a disaster declared by the County, YEMSA will determine, on a case-by-case basis, if Contractor may be temporarily exempt from Response Time criteria. When Contractor is notified that multi-casualty or disaster assistance is no longer required, Contractor shall return all of its resources to its primary area of responsibility and shall resume all operations as required under this Agreement.

1. **Internal Disaster Response Notification.** By the Effective Date, Contractor shall have a plan for immediate recall of personnel during multi-casualty or widespread disaster. This plan shall include the capability of Contractor to alert off-duty personnel.
2. **Incident Notification.** By the Effective Date, Contractor shall have a mechanism in place to communicate current field information to appropriate County staff during multi-casualties, disaster response, hazardous materials incidents, and other unusual occurrences.
3. **Ambulance Strike Team.** Contractor shall assist the County in providing personnel, vehicles, equipment, and supplies in response to a disaster mutual aid request for deployment of an Ambulance Strike Team. Contractor units will join with units from other areas and be formed into Ambulance Strike Teams as identified by the State EMS Authority Ambulance Strike Team Guidelines. Contractor shall have staff members trained and certified as Ambulance Strike Team Leaders as of the Effective Date and provided to YEMSA.
4. **Interagency Training for Exercises/Drills.** Contractor shall participate in County-sanctioned exercises and disaster drills and other interagency training.
5. **Disaster Medical Services Unit.** Contractor shall maintain the current Disaster Medical Services Unit (DMSU) in West Sacramento in accordance with an agreement with the State EMS Authority.

D. Mutual-aid and Stand-by Services.

1. **Mutual Aid Requirements.** Contractor shall respond in a mutual aid capacity to other service areas outside of the County if so directed by the Contract Administrator or in accordance with mutual aid agreements. Specifically, Contractor shall maintain documentation of the number and nature of mutual aid responses it makes and the nature of mutual aid responses made by other agencies to calls originating within the County.

If Contractor utilizes mutual aid support from a specific agency more than 200 percent of the mutual aid support that it provides the specific agency, Contractor will pay to the County \$250 per response over the 200 percent threshold. The mutual aid responses will be monitored and counted on a quarterly basis and any Contractor payments due will be invoiced by the County and paid within thirty (30) days of the invoice.

If there is an existing formal agreement in place to address those areas of the County that may be more quickly reached from services outside of the County, Contractor will document those requests separately of the other mutual aid requests and these requests will not be included when calculating the percentage of Contractor requested mutual aid.

2. **Stand-by Service.** Contractor shall provide, at no charge to the County or a requesting agency, stand-by services at the scene of an Emergency incident within the County when directed by a County designated public safety dispatch center upon request of a public safety agency. A unit placed on stand-by shall be dedicated to the incident. Stand-by periods exceeding eight (8) hours shall be approved by the Contract Administrator.
- E. **Permitted Subcontracting.** Contractor may subcontract with an ALS provider for ALS interfacility transports and CCTs. The subcontracting entity must meet YEMSA's minimum requirements for an ALS Paramedic service. Contractor remains responsible and accountable for meeting Response Time requirements, reporting requirements, and other applicable requirements of this Agreement, and Contractor is liable to pay any penalties for non-performance or non-compliance by the subcontractor. All subcontracts permitted under this provision must be approved by YEMSA and YEMSA may withdraw its approval of any subcontract in the event the subcontractor's performance is substandard as determined by YEMSA. Contractor shall not subcontract any of its other responsibilities under this Agreement to any other individual or entity.
 - F. **Communities May Contract Directly for Level of Effort.** This Agreement is focused on Contractor performance. There are no provisions for a level of effort or requiring Ambulances to be placed in specific areas of the County. Contractor may contract directly with cities and communities to have an Ambulance located within their community so long as it does not impair Contractor's required performance hereunder. Such arrangements are subject to the approval of YEMSA and shall not be at YEMSA's expense.
 - G. **Supply Exchange and Restock.** Contractor will restock BLS supplies that are part of the ALS ambulance required inventory on a one-for-one basis based on utilization on calls by First Responder Agencies, including the exchange of spine immobilization devices.

- H. **Handling Service Inquiries and Complaints.** Contractor shall log all inquiries and service complaints. Contractor shall provide prompt response and follow-up to such inquiries and complaints. Such responses shall be subject to the limitations imposed by patient confidentiality restrictions. Contractor shall submit to YEMSA each month a list of all complaints received and their appropriate disposition/resolution. Copies of any inquiries and resolutions of a clinical nature shall also be referred to the EMS Medical Director within twenty-four (24) hours.

IX. BILLING AND COMPLIANCE

- A. **Compliance with Law.** Contractor shall comply with all federal laws and regulations applicable to its operations. This includes complying with all laws and regulations relating to the provision of Ambulance services to be reimbursed by Medicare, Medi-Cal, and other government funded health care programs.

Contractor shall comply with all State and local laws and regulations applicable to its operations and its provision of Ambulance services under this Agreement.

Contractor is responsible for determining and being fully familiar with all laws and regulations that apply to its operations and the services provided under this Agreement and to maintain compliance with those requirements at all times.

- B. **Indemnification.** Contractor shall indemnify and hold the County harmless from any and all liability, fines, penalties, and other consequences from any failure by Contractor or its subcontractors to comply with such laws and regulations as pertaining to billing and reimbursement for services provided under this Agreement.

- C. **Permits and Licenses.** Contractor shall hold all required federal, State, and local permits and licenses required to perform its obligations and provide services under this Agreement. This includes making all necessary payments for licenses and permits for services provided and vehicles used under this Agreement. It also includes accepting responsibility to schedule and coordinate the application for such licenses and permits and their renewals on a timely basis to ensure compliance with federal, State and local requirements for such licenses and permits.

Contractor shall ensure that, as applicable, its employees are not excluded from federal healthcare programs, that the State and local certifications they need to provide the services under this Agreement are valid and current at all times, and that the requirements they need to satisfy to secure and maintain such certifications have been met.

- D. **Compliance Program.** Contractor shall have and implement a comprehensive Compliance Program. The Compliance Program shall address all aspects of Contractor's operations and focus particular attention on Contractor's documentation, claims processing, billing and collection processes. The Compliance Program shall comply with the guidelines set forth in the Office of Inspector General (OIG) Compliance Program Guidance for Ambulance Suppliers (68 Federal Register 14245 (March 24, 2003)) and any amendments thereto.

- E. **Coders and Billers.** Coders and billers processing claims for services provided under this Agreement must be certified by an external, national body that certifies coders and billers. Acceptable certifications include either the Certified Ambulance Coder (CAC) certification issued by the National Academy of Ambulance Coding, the Certified Professional Coder (CPC) certification issued by the National Academy of Professional Coders or an equivalent external certification issued by a program approved by YEMSA.

- F. **Compensation for Services.** Contractor shall secure compensation for its services through fee-for-service reimbursement of patient charges. The fees shall comply with the fee schedules and rates listed in Exhibit 1, as may be updated periodically.
 - 1. **No Subsidy.** Contractor shall receive no subsidy from the County for its services.

 - 2. **Annual CPI Fee Adjustments.** Upon presentation of the calculation by Contractor and verification that the calculation is correct, the Contract Administrator will approve annual increases to patient charges based upon changes in the Consumer Price Index for All Urban Consumers, unless the annual CPI-U is negative, in which case no increase shall be granted.

 - 3. **Application for Fee Adjustments.** In the event changed circumstances substantially impact costs of providing services under this Agreement or there are substantial reductions in revenue caused by factors that are beyond the control of Contractor, Contractor may request increases or decreases in charges to patients to mitigate the financial impact of such changed circumstances. No adjustments to patient fees will be allowed during the first twelve (12) months after the commencement of this Agreement. If Contractor believes a rate adjustment is warranted, it may apply to the Contract Administrator for the rate adjustment to be effective on or after the first anniversary of this Agreement. The application must be submitted at least sixty (60) days prior to the requested effective date of the requested rate adjustment. The Contract Administrator shall review the application and forward a recommendation to the Director, who shall have authority to make a recommendation to the Board. Approval of rate changes must be approved by the Board before they become effective.

- G. **Billing/Collection Services.** Contractor shall operate a billing and accounts receivable system that is well documented, easy to audit and that minimizes the effort required of patients to recover payments from third party sources for which they may be eligible. The billing system shall:

1. Electronically generate and submit Medicare and Medi-Cal claims;
2. Itemize all procedures and supplies employed on patient bills; and
3. Be capable of responding to patient and third party payer inquiries regarding submission of insurance claims, dates and types of payments made, itemized charges, and other inquiries.

Contractor shall conduct all billing and collection functions under this Agreement in a professional and courteous manner and shall not attempt to collect its fees at the time of service for any Emergency services provided under this Agreement.

Contractor shall implement and administer a financial hardship policy and plan relative to Contractor's provision of Emergency care to the County's indigent population to address the economic concerns of patients without insurance and who are unable to pay their Ambulance bills. Contractor may not threaten or take any collection actions with regard to patients who qualify as indigent under Federal poverty guidelines or Medi-Cal.

- H. **HIPAA Compliance Program.** Contractor shall implement a comprehensive plan and develop the appropriate policies and procedures to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated by the U.S. Department of Health and Human Services to facilitate implementation of HIPAA. The three (3) major components of HIPAA include:

1. Standards for Privacy and Individually Identifiable Health Information;
2. Health Insurance Reform: Security Standards; and
3. Health Insurance Reform: Standards for Electronic Transaction Sets and Code Standards

Contractor is responsible for all aspects of complying with HIPAA and regulations adopted thereunder, including mandatory HIPAA training of all members of Contractor's workforce, and particularly those enacted to protect the confidentiality of patient information. Any violations of HIPAA or its regulations shall be reported immediately to YEMSA, in addition to other notifications that may be required under State or federal law, along with Contractor's actions to address and mitigate the effect of such violations.

- I. **Annual Independent Claims Review.** Contractor shall fully cooperate with a qualified entity, as chosen by the County, to conduct an independent claims review on an annual basis utilizing a random sample of Contractor's Medicare claims. Contractor shall bear the cost for the annual independent random claims review, at a cost not to exceed \$15,000 per audit. The claims reviewer shall submit its report directly to the County. In the event the audit determines a claim error rate, as defined by the Office of Inspector General in excess of 5%, Contractor shall submit a corrective action plan to the County describing its plan for reducing the error rate, and in such case, Contractor shall submit to an additional independent claims review of a Statistically Valid Random Sample (SVRS) by the County's qualified claims reviewer, in addition to the annual claims reviews, and bear the costs of such additional SVRS claims review. Contractor shall refund all identified Medicare overpayments within the time frame established under federal law.

A sustained billing error rate in excess of 5%, as determined in three (3) or more consecutive independent claim reviews, shall be grounds for termination of this Agreement.

X. ACCOUNTING AND RECORDKEEPING

Accounting and Recordkeeping. Contractor shall maintain separate financial records for services provided pursuant to this Agreement in accordance with generally accepted accounting principles. With reasonable notification and during normal business hours, the County shall have the right to review any and all business records including financial records of Contractor pertaining to this Agreement. All records shall be made available to the County at Contractor's Yolo County office or other mutually agreeable location. Alternatively, at the County's discretion, Contractor shall provide copies of such records to the County, such that the County receives the copies, within three (3) business days after its request for such records. The County may audit, copy, make transcripts, or otherwise reproduce such records, including but not limited to contracts, payroll, inventory, claims and related billing documents, personnel and other records, daily logs and employment agreements, and other data related to any and all matters in connection with this Agreement.

On an annual basis, Contractor shall provide the County with audited financial statements by certified public accountants for Contractor's Ambulance operations in the County and/or separate business records of financial accounting of any other businesses that share overhead with Contractor's Ambulance service operation.

Contractor may be required by the County to provide the County with a periodic report or reports in the format specified by the Contract Administrator to demonstrate billing compliance with relevant rules and regulations and adherence with approved and specified rates.

XI. CONTRACTUAL PROVISIONS

- A. **Insurance.** Contractor shall obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the required insurance coverage listed in Exhibit 2.

- B. **Hold Harmless.** To the full extent permitted by law, Contractor shall hold harmless, defend at its own expense, and indemnify the County, YEMSA, and the officers, agents, employees and volunteers of the County and YEMSA from any and all liability, claims, losses, damages or expenses, including reasonable attorney's fees, for personal injury (including death) or damage to property, arising from all acts or omissions to act of Contractor or its officers, agents, employees, volunteers, contractors, etc. in rendering services under this Agreement. Contractor shall notify the County within five business days in writing of any claim made against Contractor arising out of the services provided under this Agreement. Contractor and County shall cooperate with each other in the investigation and disposition of any claim arising out of the activities under this Agreement. Contractor's responsibility for such defense and indemnity obligations shall survive the termination or completion of this Agreement for the full period of time allowed by law. The defense and indemnification obligations of this Agreement are undertaken in addition to, and shall not in any way be limited by, the insurance obligations contained in this Agreement. In providing any defense under this Section, Contractor shall use counsel reasonably acceptable to the County Counsel.

- C. **Employee Character and Fitness.** Contractor accepts responsibility for determining and approving the character and fitness of its employees (including volunteers, agents, or representatives) to provide the services required of Contractor under this Agreement, including completion of a satisfactory criminal/background check and periodic rechecks to the extent permitted by law.

Notwithstanding anything to the contrary in this Section XI.C., Contractor shall hold the County, its officers, agents and employees harmless from any liability for injuries or damages resulting from a breach of this provision or Contractor's actions in this regard.

- D. **Performance Security Bond.** Contractor shall furnish performance security in the amount of one million dollars (\$1,000,000) in one of the following forms:
 - 1. A faithful performance bond issued by a bonding company, appropriately licensed and acceptable to the County; or
 - 2. An irrevocable letter of credit issued pursuant to this provision in a form acceptable to YEMSA and from a bank or other financial institution acceptable to the County.

- a. The following requirements shall be met with respect to a bond:
 - (1) The bond shall be payable to the County.
 - (2) Contractor shall have a bond in effect at all times during the term of this Agreement which shall secure the full and faithful performance of all of Contractor's obligations under this Agreement (if there are any written amendments to this Agreement, Contractor shall promptly obtain a written amendment to said bond which states that it secures the full and faithful performance of Contractor's obligations under said amendment);
 - (3) The bond shall specifically recite and accept Contractor's requirements that the bonding company shall immediately release performance security funds to the County upon determination by the County that Contractor is in material breach of this Agreement.
 - (4) The bond shall stipulate that upon declaration by the County that Contractor is in material breach of this Agreement, Contractor and bonding company shall not commence any litigation in this matter until after the bonding company releases the performance security funds to the County.
 - (5) The bond shall not be canceled by Contractor except upon Contractor giving sixty (60) calendar days prior, express written notice of intent to cancel. Contractor shall, no later than twenty (20) calendar days following the commencement of notice period, provide to the County a replacement performance security in a form which meets the aforementioned requirements.
- b. The following shall be the conditions precedent before the County may draw on the performance security:
 - (1) The County declares Contractor in material breach of this Agreement in accordance with Section G of this section, below;
 - (2) Contractor fails to dispute that it is in material breach and fails to timely cure; and
 - (3) The County declares in writing that Contractor's material breach is creating a serious need for action on the part of the County.
- E. Continuous Service Delivery. Contractor expressly agrees that, in the event of a default by Contractor under this Agreement, Contractor will work with YEMSA to ensure continuous and uninterrupted delivery of services, regardless of the nature or causes underlying such breach. Contractor shall be obligated to use every effort to assist YEMSA to ensure uninterrupted and

continuous service delivery in the event of a default, even if Contractor disagrees with the determination of default.

- F. Annual Performance Evaluation. YEMSA shall evaluate the performance of Contractor on an annual basis. An evaluation report will be provided to the Emergency Medical Care Committee of Yolo County and the Board. The following information will normally be included in the performance evaluation:
1. Response Time performance standards assessed with reference to the minimum requirements in this Agreement;
 2. Clinical performance standards assessed with reference to the minimum requirements in this Agreement;
 3. Initiation of innovative programs to improve EMS System performance;
 4. Workforce stability, including documented efforts to minimize employee turnover;
 5. Compliance of pricing and revenue recovery efforts with rules and regulations and this Agreement; and
 6. Compliance with information reporting requirements.
- G. Default. The County shall have the right to terminate or cancel this Agreement or to pursue any appropriate legal remedy in the event Contractor materially breaches this Agreement and fails to cure such default as described in Section XI.K. below.
1. Conditions and circumstances that shall constitute a material breach by Contractor shall include but not be limited to the following:
 - a. Failure of Contractor to operate the Ambulance service system in a manner which enables YEMSA or Contractor to remain in substantial compliance with the requirements of the applicable federal, State, and County laws, rules, and regulations. Minor infractions of such requirements shall not constitute a material breach but such willful and repeated infractions shall constitute a material breach;
 - b. Willful falsification of data supplied to the County by Contractor during the course of operations, including by way of example but not by way of exclusion, dispatch data, patient report data, Response Time data, financial data, or falsification of any other data required under this Agreement;

- c. Chronic and persistent failure by Contractor to maintain equipment in accordance with good maintenance practices;
- d. Deliberate, excessive, and unauthorized scaling down of operations to the detriment of performance by Contractor during a "Lame Duck Period" as described herein;
- e. Deliberately increasing the cost of providing services, failing to maintain positive labor relations, or undertaking any activity designed to make it more difficult for a transition to a new Contractor or for a new Contractor's operation in the event of a default or failure of incumbent to prevail during a subsequent bid cycle;
- f. Willful attempts by Contractor to intimidate or punish employees who participate in legally protected concerted activities, or who form or join any professional associations;
- g. Chronic and persistent failure of Contractor's employees to conduct themselves in a professional and courteous manner, or to present a professional appearance;
- h. Failure of Contractor to comply with approved rate setting, billing, and collection procedures, and/or the submission of false or fraudulent claims for reimbursement by Contractor;
- i. Failure of Contractor to meet Response Time requirements for three (3) consecutive measurement periods or five (5) instances of non-compliance in any 12-month period in a single category and after receiving notice of noncompliance from the Contract Administrator;
- j. Failure of Contractor to comply with vehicle lease provisions;
- k. Failure to comply with required payment of fines or penalties within sixty (60) days written notice of the imposition of such fine or penalty (and after notice of its failure to pay) unless Contractor is disputing the fine or penalty and has provided written notice to County of its disagreement;
- l. Failure to maintain in force throughout the terms of this Agreement, including any extensions thereof, the insurance coverage required herein;
- m. Failure to maintain in force throughout the term of this Agreement, including any extensions thereof, the performance security requirements as specified herein;

- n. Failure to timely prepare and submit the required annual audit;
- o. Filing of a bankruptcy petition by or against Contractor, alleging that Contractor is or will become insolvent; appointment of a trustee or receiver for Contractor or for any of Contractor's property; a general assignment by Contractor for the benefit of its creditors; or entry of a judgment or order determining that Contractor is bankrupt or insolvent;
- p. Any other willful acts or willful omissions of Contractor that significantly endanger the public health and safety; and
- q. Breach of any other provisions specified in this Agreement which expressly afford the County a right of termination of this Agreement.

H. Termination.

- 1. **Written Notice.** This Agreement may be canceled immediately by written mutual consent.
- 2. **Failure to Perform.** The County, upon written notice to Contractor, may immediately terminate this Agreement should Contractor fail to perform properly any of its obligations. In the event of such termination, the County may proceed with the work in any reasonable manner it chooses. The cost to the County of completing Contractor's performance shall be partially supported by securing the funds of the Performance Security Bond, without prejudice to the County's rights otherwise to recover its damages.

I. Emergency Takeover. In the event the County determines that a material breach, actual or threatened, has or will occur or that a labor dispute has prevented performance, and if the nature of the breach is, in the Contract Administrator's opinion, such that public health and safety are endangered, and after Contractor has been given notice and reasonable opportunity to correct the deficiency, the matter shall be presented to the Board. If the Board concurs that a material breach has occurred or may occur and that public health and safety would be endangered by allowing Contractor to continue its operations, Contractor shall cooperate fully with YEMSA to affect an immediate takeover by YEMSA of Contractor's Ambulances and crew stations. Such takeover shall be affected within not more than seventy-two (72) hours after Board decision to execute the emergency takeover.

- 1. **Ambulances, Equipment and Supplies.** In the event of an emergency takeover, Contractor shall deliver to YEMSA Ambulances and associated equipment used in the performance of this Agreement, including supervisors' vehicles. Each Ambulance shall be equipped, at a minimum, with the equipment and supplies necessary for the

operation of ALS Ambulances in accordance with YEMSA ALS Policies and Procedures.

2. **Mitigation of Damages.** Contractor shall deliver Ambulances, dispatch and communications system, facilities and crew stations to YEMSA in mitigation of any damages to the County resulting from Contractor's breach. However, during YEMSA's takeover of the Ambulances and equipment, the County and Contractor shall be considered Lessee and Lesser, respectively. Monthly rent payable to Contractor shall be equal to the aggregate monthly amount of Contractor's debt service on facilities, vehicles and equipment as documented by Contractor at the Contract Administrator's request, and verified by the County Auditor (provided that the cost of contractor debt service does not exceed the fair market value of the rent for the facilities, vehicles and equipment). The County Auditor shall cause the disbursement of these payments directly to Contractor's obligee. In the event an Ambulance is unencumbered, or a crew station is not being rented, the County shall pay Contractor fair market rental based upon an independent valuation.
3. **Billing for Services.** During any such emergency takeover, the County shall be entitled to all reimbursement from patients and third party payers and insurers for services provided under this Agreement. At its option, the County may directly bill for such services, in which case Contractor shall discontinue all such billing, or the County may direct Contractor to bill for said services, and to remit all reimbursement received to the County upon receipt.
4. **Rights and Restrictions.** Nothing herein shall preclude the County from seeking to recover from Contractor such rental and debt service payments as elements of damage from a breach of this Agreement. However, Contractor shall not be precluded from disputing the Board's findings or the nature and amount of the County's damages, if any, through litigation; however, such litigation shall not have the effect of delaying, in any way, the immediate takeover of operations by YEMSA. By entering into this Agreement with the County for the provision of Ambulance services hereunder, Contractor specifically waives the right to seek or obtain injunctive or other equitable relief to prevent an emergency takeover as provided herein. Failure on the part of Contractor to cooperate fully with YEMSA to effect a safe/smooth takeover of operations shall itself constitute a breach of this Agreement, even if it is later determined that the original declaration of breach by the Board was made in error.

In the event of an emergency takeover, the County shall have the right to authorize the use of vehicles and equipment by another company. Should the County require a substitute contractor to obtain insurance on equipment, or should the County choose to obtain insurance on vehicles/equipment, Contractor shall be "Named Additional Insured" on

the policy, along with the appropriate endorsements and cancellation notice.

In the event of an emergency takeover, the County agrees to return Contractor's vehicles and equipment to Contractor in good working order, normal wear and tear excepted, at the end of the takeover period. For any of Contractor's equipment not so returned, the County shall pay Contractor fair market value of the vehicle and equipment at time of takeover, less normal wear and tear or shall pay Contractor reasonable costs of repair, or shall repair and return vehicles and equipment.

5. **Unilateral Termination of Takeover.** The County may unilaterally terminate a takeover period at any time and return facilities and equipment to Contractor. The takeover period shall last no longer than the County judges necessary to stabilize the EMS System and to protect the public health and safety by whatever means the County chooses.
6. **Lease During Emergency Takeover.** All of Contractor's vehicles and related equipment necessary for provision of Emergency Ambulance Services, ALS services and CCTs pursuant to this Agreement are hereby leased to the County during an emergency takeover period. Contractor shall maintain and provide to the County a listing of all vehicles used in the performance of this Agreement, including reserve vehicles, their license numbers and name and address of lien holder(s), if any. Changes in lien holder, as well as the transfer, sale, or purchase of vehicles used to provide Emergency Ambulance Services, ALS services and CCTs hereunder shall be reported to the County within thirty (30) days of said change, sale, transfer, or purchase. Contractor shall inform and provide a copy of takeover provisions contained herein to lien holder(s) within five (5) days of an emergency takeover.
- J. **Remedies.** If conditions or circumstances constituting a Default as set forth herein exist, the County shall have all rights and remedies available at law or in equity under this Agreement, specifically including the right to terminate this Agreement and/or the right to pursue Contractor for damages and the right of emergency takeover as set forth herein. All of the County's remedies shall be non-exclusive and shall be in addition to any other remedy available to the County.
- K. **Curing Material Breach.** In the event of an actual or threatened material breach, the County, through the Contract Administrator, shall give Contractor written notice, return receipt requested, setting forth with reasonable specificity the nature of the material breach and the reason why such material breach endangers the public's health and safety. Contractor shall have the right to cure such material breach within seven (7) calendar days of receipt of such notice. Within 24 hours of receipt of such notice, Contractor shall deliver to the County, in writing, a plan of action to cure such material breach. If Contractor fails to cure such material breach within the period allowed for cure, as

determined by the County, or Contractor fails to timely deliver the cure plan to the County, the County may request the Board to determine that a material breach has occurred and authorize YEMSA to execute an emergency takeover of Contractor's operations.

For any default by Contractor which does not endanger public health and safety, or for any default by the County, which cannot otherwise be resolved, early termination provisions which may be agreed to by the Parties will supersede these specifications.

L. Transition Planning.

1. **Subsequent Competitive Bid Process.** Contractor acknowledges that the County intends to conduct a competitive procurement process for the provision of Emergency Ambulance Services, ALS services and CCT services within the County prior to the termination of this Agreement and, at the County's option, any renewal thereof. Contractor acknowledges and agrees that the County may select a different Ambulance service provider to provide exclusive Emergency Ambulance Services, ALS services and CCT services following said competitive procurement process.
2. **Future Bid Cycles.** Contractor acknowledges and agrees that supervisory personnel, EMT's, Paramedics, other EMS personnel, and dispatch personnel working in the EMS System have a reasonable expectation of long-term employment in the EMS System, even though contractors may change. Accordingly, Contractor shall not penalize or bring personal hardship to bear upon any of its employees who apply for work on a contingent basis with competing Proposers and shall allow without penalty its employees to sign contingent employment agreements with competing Proposers at employees' discretion. Contractor may prohibit its employees from assisting competing Proposers in preparing proposals by revealing Contractor's trade secrets or other information about Contractor's business practices or field operations.

M. "Lame Duck" Provisions. Should this Agreement not be renewed, extended or if notice of early termination is given by Contractor, Contractor agrees to continue to provide all services required in and under this Agreement during the Lame Duck Period, which is until YEMSA or a new entity assumes service responsibilities. Under these circumstances Contractor will, for a period of several months, serve as a lame duck Contractor.

1. To ensure continued performance fully consistent with the requirements herein through any such period, the following provisions shall apply:
 - a. Contractor shall continue all operations and support services at the same level of effort and performance as were in effect prior to the award of the subsequent Agreement to a competing organization,

including but not limited to compliance with provisions hereof related to qualifications of key personnel;

- b. Contractor shall make no changes in methods of operation or employee compensation that could reasonably be considered to be aimed at cutting Contractor service and operating costs to maximize or effect a gain during the final stages of this Agreement or place an undue burden on the subsequent contractor;
- c. The County recognizes that if another organization should be selected to provide service, Contractor may reasonably begin to prepare for transition of service to the new entity. The County shall not unreasonably withhold its approval of Contractor's request to begin an orderly transition process, including reasonable plans to relocate staff, scale down certain inventory items, etc., as long as such transition activity does not impair Contractor's performance during this period; and
- d. Should the County select another organization as a service provider in the future, Contractor personnel shall have reasonable opportunities to discuss issues related to employment with such organizations without adverse consequence.

N. General Provisions.

- 1. Compliance with Laws and Regulations. All services furnished by Contractor under this Agreement shall be rendered in full compliance with all applicable federal, State, and local laws, ordinances, rules, and regulations. It shall be Contractor's sole responsibility to determine which, and be fully familiar with, all laws, rules, and regulations that apply to the services it is required to perform under this Agreement and to maintain compliance with those applicable standards at all times.
- 2. Private Work. Contractor shall not be prevented from conducting private work that does not interfere with the requirements of this Agreement.
- 3. Retention of Records. Contractor shall retain all documents pertaining to this Agreement for seven (7) years from the end of the fiscal year following the date of service; for any further period that is required by law; and until all federal/State audits are complete and exceptions resolved. Upon request, and except as otherwise restricted by law, Contractor shall make these records available to authorized representatives of the County, the State of California, and the United States Government. Contractor shall retain a copy of each PCR for a minimum of seven (7) years or, if for a minor, seven (7) years past the age of majority, whichever is greater.

4. **Product Endorsement/Advertising.** Contractor shall not use the name of the County or YEMSA for the endorsement of any commercial products or services without the expressed written permission of the Contract Administrator. The County shall have the right to utilize Contractor images and other multimedia materials for educational and promotional purposes.
5. **Observation and Inspections.** County representatives may, at any time, and without notification, directly observe Contractor's operations of the Dispatch Center, maintenance facility, or any Ambulance post location. A County representative may ride as "third person" on any of Contractor's Ambulances at any time, provided, that in exercising this right to inspection and observation, County representatives shall conduct themselves in a professional and courteous manner, shall not interfere with Contractor employee's duties and shall at all times be respectful of Contractor's employer/employee relationships.

At any time during normal business hours and as often as may be reasonably deemed necessary by the County, County representatives may observe Contractor's office operations, and Contractor shall make available to the County for its examination any and all business records, including incident reports, and patient records pertaining to this Agreement. The County may audit, copy, make transcripts, or otherwise reproduce such records for the County to fulfill its oversight role.

Contractor shall continue to maintain and make available to the County for its inspection and use the documents and records, as defined above for seven (7) years following termination or expiration of this Agreement. Contractor shall not dispose of, destroy, alter, or mutilate such documents and records, for seven (7) years following termination or expiration of this Agreement, and for longer periods as required by Section XI.N.6.

6. **Relationship of the Parties.** Nothing in this Agreement shall be construed to create a relationship of employer and employee or principal and agent, partnership, joint venture or any other relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of this Agreement. Contractor is an independent contractor and is not an employee of the County. Contractor is responsible for all insurance (workers' compensation, unemployment, etc.) and all payroll related tax. Neither Contractor nor its insurer shall be entitled to recover from the County any costs, settlements, or expenses of Workers' Compensation claims arising out of this Agreement. Payment of all applicable federal, State, and local taxes shall be the sole responsibility of Contractor. Nothing in this Agreement shall create any right or remedies in any third party.

This Agreement is entered solely for the benefit of the County and Contractor.

7. **Rights and Remedies Not Waived.** Contractor covenants that the provision of services to be performed by Contractor under this Agreement shall be completed without compensation from the County. The acceptance of work under the Agreement shall not be held to prevent the County's maintenance of an action for failure of Contractor to perform work in accordance with this Agreement.
8. **Consent to Jurisdiction.** Contractor consents to the exclusive jurisdiction of the courts of the State of California or a federal court in California in any and all actions and proceedings between the parties hereto arising under or growing out of this Agreement. Venue shall lie in Yolo County, California.
9. **End-term Provisions.** Contractor shall have ninety (90) days after termination of this Agreement in which to supply the required audited financial statements and other such documentation necessary to facilitate the close out of this Agreement at the end of the term.
10. **Notice of litigation.** Contractor shall notify the County within five business days of any litigation or significant potential for litigation of which Contractor is aware that arises out of the services performed pursuant to this Agreement.
11. **Time of Essence.** Time is of the essence in respect to all provisions of this Agreement that specify a time for performance. This requirement shall not be construed to limit or deprive a Party of the benefits of any grace or use period allowed by this Agreement.
12. **Conflict of Interest/Confidentiality.** The conflict of interest and confidentiality provisions below shall remain full effective five (5) years after termination of this Agreement.
 - a. **No Conflict of Interest.** Contractor covenants that it presently has no interest, and shall not have any interest, direct or indirect, which would conflict in any manner with the performance of services required under this Agreement. Without limitation, Contractor represents to and agrees with the County that Contractor has no present, and shall have no future, conflict of interest in performing the services under this Agreement for the County and for any other person or entity (including but not limited to any governmental agency) which has any interest adverse or potentially adverse to the County, as determined in the reasonable judgment of the Board. Contractor shall immediately make full written disclosure of such facts to the County should Contractor become aware of a conflict. Full written disclosure

shall include identification of all persons implicated and a complete description of all relevant circumstances.

- b. **Confidentiality.** Contractor agrees that any confidential information of the County, whether proprietary or not, made known to or discovered by Contractor during the performance or in connection with this Agreement for the County shall be kept confidential and shall not be disclosed to any other person. Contractor agrees to immediately notify the County in accordance with this Agreement, if it is requested to disclose any confidential information of the County made known to or discovered by it during the performance of or in connection with this Agreement.
13. **Notices.** All notices, requests, demands, or other communications under this Agreement shall be in writing. Notices shall be given for all purposes as follows:
 - a. **Personal Delivery.** When personally delivered to the Party, notice is effective on delivery.
 - b. **First Class Mail.** When mailed first class to the Party, notice is effective three (3) mail delivery days after deposit in a United States Postal Service office or mailbox.
 - c. **Certified Mail.** When mailed certified mail, return receipt requested, notice is effective on receipt if delivery is confirmed by a return receipt.
 - d. **Overnight Delivery.** When delivered by overnight delivery (e.g., Federal Express/Airborne/United Parcel Service/DHL Worldwide Express) with charges prepaid or charged to the sender's account, notice is effective on delivery, if delivery is confirmed by the delivery service.
 - e. **Telex or Facsimile Transmission.** When sent by telex or facsimile, notice is effective on receipt, provided that: a) a duplicate copy of the notice is promptly given by first-class or certified mail or by overnight delivery, or b) the receiving Party delivers a written confirmation of receipt. Any notice given by telex or facsimile shall be deemed received on the next business day if it is received after 5:00 p.m. (recipient's time) or on a non-business day.
 - f. **Addresses.** Addresses for the purpose of giving notices, unless provided otherwise under this Agreement, or unless otherwise specified by a Party to this Agreement, are as follows:

County Yolo County Health and Human Services
Agency
Attention: YEMSA
137 North Cottonwood Street,
Woodland, CA 95695

Contractor General Manager
American Medical Response West
1041 Fee Drive
Sacramento, CA 95815

- g. Effective Time of Notice. Any correctly addressed notice that is refused, unclaimed, or undeliverable because of an act or omission of the Party to be notified shall be deemed effective as of the first date that notice was refused, unclaimed, or deemed undeliverable by the postal authorities, messenger, or overnight delivery service.
 - h. Change of Address. Either Party may change its address or telex or facsimile number by giving the other Party notice of the change in a manner permitted by this Agreement.
14. Drug Free Workplace. Contractor and its employees shall comply with the County's policy of maintaining a drug free workplace in compliance with the Drug-Free Workplace Act of 1988. Contractor shall not permit any of its employees, including dispatchers, to perform services hereunder while under the influence of any alcoholic beverage, or any medication, narcotic, or other substance which might impair the employee's physical or mental performance. Neither Contractor nor its employees shall unlawfully manufacture, distribute, dispense, possess or use controlled substances, as defined in 21 U.S.C § 812, including, but not limited to, marijuana, heroin, cocaine, and amphetamines, at any County facility or work site. If Contractor or any employee of Contractor is convicted or pleads *nolo contendere* to a criminal drug statute violation occurring at a County facility or work site, Contractor shall, within five (5) calendar days thereafter, notify the County. Violation of this provision shall constitute a material breach of this Agreement.
15. Waiver. No waiver of a breach, failure of a condition, or any right or remedy contained in or granted by the provisions of this Agreement shall be effective unless it is in writing and signed by the Party waiving the breach, failure, right or remedy. No waiver of any breach, failure, right or remedy shall be deemed a waiver of any other breach, failure, right or remedy, whether or not similar, nor shall any waiver constitute a continuing waiver unless the writing so specifies.

16. **Hierarchy of Terms.** The terms of all attached exhibits and documents incorporated by reference are intended to supplement the terms of this Agreement, which is comprised of the following documents, presented in ascending hierarchical order: the RFP, the Proposal, the attached exhibits, and this Agreement. In the event of any conflict, contradiction or inconsistency between the terms contained in these documents, the terms of the document higher in the hierarchy prevail.
17. **Headings.** Headings herein are for convenience of reference only and shall in no way affect the interpretation of this Agreement.
18. **Survival.** The obligations under this Agreement, which by their nature would continue beyond the termination or expiration of this Agreement, including without limitation, the obligations regarding Indemnification and Conflict of Interest, shall survive termination or expiration.
19. **Severability.** If a court of competent jurisdiction holds that any provision of this Agreement is illegal, unenforceable, or invalid in whole or in part, for any reason, the validity and enforceability of the remaining provisions, or portions of them, shall not be affected, unless an essential purpose of this Agreement would be defeated by the loss of the illegal, unenforceable, or invalid provision.
20. **Entire Agreement.** This Agreement, including all attachments, exhibits, appendices and any other documents specifically incorporated into this Agreement, shall constitute the entire agreement between the Parties relating to the subject matter of this Agreement. This Agreement supersedes all previous understandings, and all other agreements, written or oral, between the Parties and sets forth the entire understanding of the Parties regarding the subject matter thereof.
21. **Modification of Agreement.** This Agreement may be supplemented, amended or modified only by the mutual agreement of the Parties. No supplement, amendment, or modification of this Agreement shall be binding unless it is in writing and signed by authorized representatives of both Parties.
22. **Fair Market Value.** This Agreement has been negotiated at arm's length and in good faith by the Parties and the Parties agree that compensation for services under this Agreement is at fair market value. Nothing contained in this Agreement, including any compensation payable, is intended or shall be construed: (I) to require, influence, or otherwise induce or solicit either Party regarding referrals of business or patients, or the recommending/ordering of any items or services of any kind whatsoever to the either Party or any of its affiliates, or to any other person, or otherwise generate business between the Parties to be

reimbursed in whole or in part by any Federal Health Care Program, or
(ii) to interfere with a patient's right to choose his or her own health
care provider.

EXHIBIT 1

AMBULANCE PRICE SHEET

<u>LEVEL OF SERVICE</u>	<u>RATE</u>
Basic Life Support – Nonemergency.....	\$233.63
Basic Life Support – Emergency.....	\$373.81
Advanced Life Support – Level 1 - Nonemergency.....	\$1975.00
Advanced Life Support – Level 1 - Emergency	\$1975.00
Advanced Life Support – Level 2	\$1975.00
Specialty Care Transport/CCT.....	\$4429.00
Mileage Charge (per loaded mile).....	\$48.47

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EXHIBIT 2

SERVICE CONTRACT INSURANCE REQUIREMENTS

- A. During the term of this Agreement, Contractor shall at all times maintain, at its expense, the following coverages and requirements. The comprehensive general liability insurance shall include broad form property damage insurance.
1. Minimum Coverages - Insurance coverage shall be with limits not less than the following:
 - a. **Comprehensive General Liability** – (Occurrence Form CG0001) to include coverage for bodily injury, property damage, blanket contractual, and personal injury. Minimum limits of liability shall be at least Five Million and no/100ths (\$5,000,000.00) Dollars per occurrence, combined Single Limit Bodily Injury and Property Damage.
 - b. **Comprehensive Automobile Liability** – A minimum of Five Million and no/100ths (\$5,000,000.00) Dollars per occurrence, combined Single Limit Bodily Injury and Property Damage. The coverage must include owned auto, non-owned auto, hired auto, Insurance Industry Code 1, and cross-liability or severability of interest clause in policy.
 - c. **Professional Liability for all employees providing service** – Error or omission and failing to render professional services coverage shall be Five Million and no/100ths (\$5,000,000.00) Dollars.
 - d. **Workers' Compensation as required by the State of California** – Employer's Liability Insurance with limits not less than One Million and no/100ths (\$1,000,000.00) Dollars per occurrence or such higher amount as may be required by law.
 2. The County, its officers, agents, employees and volunteers shall be named as additional insured on all but the workers' compensation and professional liability coverages. (Evidence of additional insured may be needed as a separate endorsement due to wording on the certificate negating any additional writing in the description box.)
 3. Said insurance shall contain coverage expressly recognizing the indemnification obligations assumed by Contractor in accordance with Title 4, Chapter 6 of the Yolo County Code, but shall not be construed to limit in any manner the amount of ambulance business or Contractor's liability thereunder; providing further, that said insurance shall expressly name County, its governing board, agents, officers, and employees as additional insured, which shall be evidenced by endorsements to the policy.

4. Said insurance shall not be subject to cancellation or reduction without thirty (30) days prior written notice to County. The insurance carrier or Contractor shall serve written notice on the Director.
5. Each unit placed in operation by Contractor shall be included within the scope of the required insurance coverage and limits and shall be operated pursuant to this Agreement and the permit issued in accordance with Title 4, Chapter 6 of the Yolo County Code.
6. Certificate(s) of insurance and policy endorsements satisfactory to the Ambulance Licensing Officer must be approved before ambulance service commences under this Agreement. (§ 1, Ord.1160, eff. July 1, 1993)
7. Said policies shall remain in force through the life of this Agreement and, with the exception of professional liability coverage, shall be payable on a "per occurrence" basis unless the County Risk Manager specifically consents in writing to a "claims made" basis. For all "claims made" coverage, in the event that Contractor changes insurance carriers Contractor shall purchase "tail" coverage covering the term of this Agreement and not less than three years thereafter. Proof of such "tail" coverage shall be required at any time that Contractor changes to a new carrier prior to receipt of any payments due. In lieu of "tail" coverage, in the event that Contractor changes insurance carriers, it may elect to include such coverage retroactively in its new professional liability policy, subject to the provision of satisfactory documentation of same to the Director.
8. Contractor shall declare all aggregate limits on the coverage before commencing performance of this Agreement, and the County's Risk Manager reserves the right to require higher aggregate limits to ensure that the coverage limits required for this Agreement as set forth above are available throughout the performance of this Agreement.
9. Any deductibles or self-insured retentions must be declared to and are subject to the approval of the County Risk Manager.
10. Each insurance policy shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the Director (ten (10) days for delinquent insurance premium payments).
11. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise approved by the County Risk Manager.
12. The policies shall cover all activities of Contractor, its officers, employees, agents and volunteers arising out of or in connection with this Agreement.

13. For any claims relating to this Agreement, Contractor's insurance coverage shall be primary, including as respects the County, its officers, agents, employees and volunteers. Any insurance maintained by the County shall apply in excess of, and not contribute with, insurance provided by Contractor's liability insurance policy.
 14. The insurer shall waive all rights of subrogation against the County, its officers, employees, agents and volunteers.
 15. The required insurance coverage may be revised as deemed necessary by the Board of Supervisors.
- B.** Prior to commencing services pursuant to this Agreement, Contractor shall furnish the Director with original endorsements reflecting coverage required by this Agreement. The endorsements are to be signed by a person authorized by that insurer to bind coverage on its behalf. All endorsements are to be received by, and are subject to the approval of, the County Risk Manager before work commences. Upon County's request, Contractor shall provide complete, certified copies of all required insurance policies, including endorsements reflecting the coverage required by these specifications.
- C.** During the term of this Agreement, Contractor shall furnish the Director with original endorsements reflecting renewals, changes in insurance companies and any other documents reflecting the maintenance of the required coverage throughout the entire term of this Agreement. The endorsements are to be signed by a person authorized by that insurer to bind coverage on its behalf. Upon County's request, Contractor shall provide complete, certified copies of all required insurance policies, including endorsements reflecting the coverage required by these specifications.

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TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Woodland Memorial Hospital Telephone Number: 530-406-5900
 Address: 1207 Fairchild Court
Woodland, CA 95695

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div> </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Davis Hospital Telephone Number: 530-756-6440
 Address: 2000 Sutter Place
Davis, CA 95616

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Pediatric Critical Care Center⁴</u> <u>EDAP⁵</u> <u>PICU⁶</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Medical Center Sacramento Telephone Number: 916-887-0000
 Address: 2825 Capital Avenue
Sacramento, CA 95816

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: UC Davis Medical Center Telephone Number: 916-734-2011
 Address: 2315 Stockton Blvd.
Sacramento, CA 95817

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mercy General Hospital Telephone Number: 916-453-4545
 Address: 4001 J Street
Sacramento, CA 95819

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center</u>¹³ <u>EDAP</u>¹⁴ <u>PICU</u>¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Methodist Hospital Telephone Number: 844-208-0269
Address: 7400 Hospital Dr
Sacramento, CA

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mercy San Juan Hospital Telephone Number: 916-537-5000
Address: 6501 Coyle Ave
Carmichael, CA 95608

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Permanente Vacaville Telephone Number: 707-624-4000
Address: 1 Quality Drive
Vacaville, CA 95688

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: North Bay Medical Center Telephone Number: 707-646-5000
 Address: 1200 B Gale Wilson Blvd.
Fairfield, CA 94533

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--	--	--	--	---	---

Pediatric Critical Care Center²⁵ EDAP²⁶ PICU²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	---	---	---	--	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMSCounty: Yolo CountyReporting Year: 2017**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Onsite Medical</u>		Telephone Number:	<u>916-932-2323</u>
Address:	<u>638 Cantrell Drive. Suite A-2</u>			
	<u>Davis, CA 95616</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic: <u>\$1150</u>	Number of students completing training per year:		
	<u>\$1650</u>			
	Refresher: <u>N/A</u>	Initial training:	<u>35</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	
		Expiration Date:	<u>2 years</u>	
		Number of courses:		
		Initial training:	<u>2</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	<u>UC Davis Fire Department</u>		Telephone Number:	<u>916-342-4537</u>
Address:	<u>325 Kleiber Hall Dr.</u>			
	<u>Davis, CA 95616</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic: <u>\$860</u>	Number of students completing training per year:		
	Refresher: <u>0</u>	Initial training:	<u>138</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	
		Expiration Date:	<u>2 years</u>	
		Number of courses:		
		Initial training:	<u>4</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Woodland Community College Telephone Number: _____
Address: _____

Student Eligibility*: General Public **Program Level EMT

Cost of Program:

Basic: \$847

Refresher: 0

Number of students completing training per year:

Initial training: 22

Refresher: 0

Continuing Education: 0

Expiration Date: 2 years

Number of courses:

Initial training: 2

Refresher: 0

Continuing Education: 0

Table 11: Dispatch Agency

County: Yolo County **Reporting Year:** 2014-2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Yolo Emergency Communications Agency</u>		Primary Contact:	<u>Karen Avera</u>
Address:	<u>35 N. Cottonwood</u>			
	<u>Woodland, CA 95695</u>			
Telephone Number:	<u>530-666-8900</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster		
			<u>28</u> EMD Training	<u> </u> EMT-D
			<u> </u> BLS	<u> </u> LALS
				<u> </u> ALS
				<u> </u> Other
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input checked="" type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: <u> </u>		

Name:	<u>City of Davis</u>		Primary Contact:	<u>Jennifer Candelo</u>
Address:	<u>530 5th St</u>			
	<u>Davis, CA</u>			
Telephone Number:	<u>530-757-5681</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster		
			<u>0</u> EMD Training	<u> </u> EMT-D
			<u> </u> BLS	<u> </u> LALS
				<u> </u> ALS
				<u> </u> Other
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input checked="" type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: <u> </u>		

TABLE 11: DISPATCH AGENCY

County: Yolo County **Reporting Year:** 2017-18

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>American Medical Response</u>	Primary Contact:	<u>Rich Silva</u>
Address:	<u>1041 Fee Dr.</u>		
	<u>Sacramento, CA 95815</u>		
Telephone Number:	<u>800-913-9112</u>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div style="width: 20%;"> <p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div style="width: 20%;"> <p><input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster</p> </div> <div style="width: 40%;"> <p>Number of Personnel Providing Services:</p> <div style="display: flex; justify-content: space-between;"> <div> <u>63</u> EMD Training <u> </u> BLS </div> <div> <u> </u> EMT-D <u> </u> LALS </div> <div> <u> </u> ALS <u> </u> Other </div> </div> </div> </div>			

Ownership:

☐ Public ☒ Private

If Public:

☐ Fire
☐ Law
☐ Other
Explain:

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal